

**Regence BlueShield**  
**Individual Rates**  
**Rates Effective January 1, 2015**

**Rating Area 1**

HIOS ID	87718WA0860001		87718WA0870001		87718WA0860002	
Exchange Status	Off Exchange		Off Exchange		Off Exchange	
Plan Name	Regence Direct Bronze HSA		Regence Direct Bronze HSA with Dental, Vision, Individual Assistance Program (IAP)		Regence Direct Bronze HSA+	
Network	Preferred Plan Provider Network		Preferred Plan Provider Network		Preferred Plan Provider Network	
Metal Level	Bronze		Bronze		Bronze	
Benefits	Base Only		Base with Dental, Vision, Individual Assistance Program		Base Only	
Age	Non-Tobacco	Tobacco	Non-Tobacco	Tobacco	Non-Tobacco	Tobacco
0-20	\$119.86	\$119.86	\$120.94	\$120.94	\$125.39	\$125.39
21	\$188.75	\$217.06	\$190.46	\$219.03	\$197.47	\$227.09
22	\$188.75	\$217.06	\$190.46	\$219.03	\$197.47	\$227.09
23	\$188.75	\$217.06	\$190.46	\$219.03	\$197.47	\$227.09
24	\$188.75	\$217.06	\$190.46	\$219.03	\$197.47	\$227.09
25	\$189.51	\$217.93	\$191.22	\$219.91	\$198.26	\$228.00
26	\$193.28	\$222.27	\$195.03	\$224.29	\$202.21	\$232.54
27	\$197.81	\$227.48	\$199.60	\$229.54	\$206.95	\$237.99
28	\$205.17	\$235.95	\$207.03	\$238.08	\$214.65	\$246.85
29	\$211.21	\$242.89	\$213.12	\$245.09	\$220.97	\$254.11
30	\$214.23	\$246.37	\$216.17	\$248.60	\$224.13	\$257.75
31	\$218.76	\$251.58	\$220.74	\$253.85	\$228.87	\$263.20
32	\$223.29	\$256.78	\$225.31	\$259.11	\$233.61	\$268.65
33	\$226.12	\$260.04	\$228.17	\$262.40	\$236.57	\$272.05
34	\$229.14	\$263.51	\$231.22	\$265.90	\$239.73	\$275.69
35	\$230.65	\$265.25	\$232.74	\$267.65	\$241.31	\$277.50
36	\$232.16	\$266.99	\$234.27	\$269.41	\$242.89	\$279.32
37	\$233.67	\$268.72	\$235.79	\$271.16	\$244.47	\$281.14
38	\$235.18	\$270.46	\$237.31	\$272.91	\$246.05	\$282.95
39	\$238.20	\$273.93	\$240.36	\$276.41	\$249.21	\$286.59
40	\$241.22	\$277.41	\$243.41	\$279.92	\$252.37	\$290.22
41	\$245.75	\$282.62	\$247.98	\$285.18	\$257.11	\$295.67
42	\$250.09	\$287.61	\$252.36	\$290.21	\$261.65	\$300.89
43	\$256.13	\$294.55	\$258.45	\$297.22	\$267.97	\$308.16
44	\$263.68	\$303.24	\$266.07	\$305.98	\$275.87	\$317.25
45	\$272.56	\$313.44	\$275.02	\$316.28	\$285.15	\$327.92
46	\$283.13	\$325.59	\$285.69	\$328.54	\$296.21	\$340.64
47	\$295.02	\$339.27	\$297.69	\$342.34	\$308.65	\$354.94
48	\$308.61	\$354.90	\$311.40	\$358.11	\$322.86	\$371.29
49	\$322.01	\$370.31	\$324.92	\$373.66	\$336.88	\$387.42
50	\$337.11	\$387.67	\$340.16	\$391.19	\$352.68	\$405.58
51	\$352.02	\$404.82	\$355.21	\$408.49	\$368.28	\$423.52
52	\$368.44	\$423.71	\$371.78	\$427.54	\$385.46	\$443.28
53	\$385.05	\$442.81	\$388.54	\$446.82	\$402.84	\$463.26
54	\$402.98	\$463.43	\$406.63	\$467.63	\$421.60	\$484.84
55	\$420.91	\$484.05	\$424.73	\$488.43	\$440.36	\$506.41
56	\$440.35	\$506.41	\$444.34	\$510.99	\$460.70	\$529.80
57	\$459.98	\$528.98	\$464.15	\$533.77	\$481.23	\$553.42
58	\$480.94	\$553.08	\$485.29	\$558.09	\$503.15	\$578.63
59	\$491.32	\$565.01	\$495.77	\$570.13	\$514.01	\$591.12
60	\$512.27	\$589.11	\$516.91	\$594.44	\$535.93	\$616.32
61	\$530.39	\$609.95	\$535.19	\$615.47	\$554.89	\$638.12
62	\$542.28	\$623.62	\$547.19	\$629.27	\$567.33	\$652.43
63	\$557.19	\$640.77	\$562.24	\$646.57	\$582.93	\$670.37
64	\$566.25	\$651.18	\$571.38	\$657.09	\$592.41	\$681.27
65 and over	\$566.25	\$651.18	\$571.38	\$657.09	\$592.41	\$681.27

**Regence BlueShield  
Individual Rates  
Rates Effective January 1, 2015**

**Rating Area 1**

HIOS ID	87718WA1420001		87718WA1470001		87718WA1550002	
Exchange Status	Off Exchange		Off Exchange		Off Exchange	
Plan Name	Regence Direct Bronze HSA+ Evergreen Health Partners		Regence Direct Bronze HSA+ MultiCare Health System		Regence Direct Bronze HSA+ UW Medicine	
Network	Evergreen Health Partners		MultiCare Health System		UW Medicine	
Metal Level	Bronze		Bronze		Bronze	
Benefits	Base Only		Base Only		Base Only	
Age	Non-Tobacco	Tobacco	Non-Tobacco	Tobacco	Non-Tobacco	Tobacco
0-20	\$114.97	\$114.97	\$122.14	\$122.14	\$113.73	\$113.73
21	\$181.06	\$208.22	\$192.35	\$221.20	\$179.10	\$205.97
22	\$181.06	\$208.22	\$192.35	\$221.20	\$179.10	\$205.97
23	\$181.06	\$208.22	\$192.35	\$221.20	\$179.10	\$205.97
24	\$181.06	\$208.22	\$192.35	\$221.20	\$179.10	\$205.97
25	\$181.78	\$209.05	\$193.12	\$222.09	\$179.82	\$206.79
26	\$185.41	\$213.22	\$196.97	\$226.51	\$183.40	\$210.91
27	\$189.75	\$218.21	\$201.58	\$231.82	\$187.70	\$215.85
28	\$196.81	\$226.33	\$209.08	\$240.45	\$194.68	\$223.88
29	\$202.61	\$233.00	\$215.24	\$247.53	\$200.41	\$230.47
30	\$205.50	\$236.33	\$218.32	\$251.06	\$203.28	\$233.77
31	\$209.85	\$241.33	\$222.93	\$256.37	\$207.58	\$238.71
32	\$214.19	\$246.32	\$227.55	\$261.68	\$211.88	\$243.66
33	\$216.91	\$249.45	\$230.44	\$265.00	\$214.56	\$246.75
34	\$219.81	\$252.78	\$233.51	\$268.54	\$217.43	\$250.04
35	\$221.26	\$254.44	\$235.05	\$270.31	\$218.86	\$251.69
36	\$222.70	\$256.11	\$236.59	\$272.08	\$220.29	\$253.34
37	\$224.15	\$257.78	\$238.13	\$273.85	\$221.73	\$254.98
38	\$225.60	\$259.44	\$239.67	\$275.62	\$223.16	\$256.63
39	\$228.50	\$262.77	\$242.75	\$279.16	\$226.02	\$259.93
40	\$231.39	\$266.10	\$245.82	\$282.70	\$228.89	\$263.22
41	\$235.74	\$271.10	\$250.44	\$288.01	\$233.19	\$268.17
42	\$239.90	\$275.89	\$254.86	\$293.09	\$237.31	\$272.90
43	\$245.70	\$282.55	\$261.02	\$300.17	\$243.04	\$279.49
44	\$252.94	\$290.88	\$268.71	\$309.02	\$250.20	\$287.73
45	\$261.45	\$300.67	\$277.75	\$319.42	\$258.62	\$297.41
46	\$271.59	\$312.33	\$288.53	\$331.80	\$268.65	\$308.95
47	\$283.00	\$325.45	\$300.64	\$345.74	\$279.93	\$321.92
48	\$296.03	\$340.44	\$314.49	\$361.67	\$292.83	\$336.75
49	\$308.89	\$355.22	\$328.15	\$377.37	\$305.54	\$351.38
50	\$323.37	\$371.88	\$343.54	\$395.07	\$319.87	\$367.85
51	\$337.68	\$388.33	\$358.73	\$412.54	\$334.02	\$384.12
52	\$353.43	\$406.44	\$375.47	\$431.79	\$349.60	\$402.04
53	\$369.36	\$424.77	\$392.39	\$451.25	\$365.36	\$420.17
54	\$386.56	\$444.55	\$410.67	\$472.27	\$382.38	\$439.74
55	\$403.76	\$464.33	\$428.94	\$493.28	\$399.39	\$459.30
56	\$422.41	\$485.77	\$448.75	\$516.07	\$417.84	\$480.52
57	\$441.24	\$507.43	\$468.76	\$539.07	\$436.47	\$501.94
58	\$461.34	\$530.54	\$490.11	\$563.62	\$456.35	\$524.80
59	\$471.30	\$541.99	\$500.69	\$575.79	\$466.20	\$536.13
60	\$491.40	\$565.11	\$522.04	\$600.34	\$486.08	\$558.99
61	\$508.78	\$585.10	\$540.50	\$621.58	\$503.27	\$578.76
62	\$520.19	\$598.21	\$552.62	\$635.51	\$514.55	\$591.74
63	\$534.49	\$614.66	\$567.82	\$652.99	\$528.70	\$608.01
64	\$543.18	\$624.66	\$577.05	\$663.60	\$537.30	\$617.91
65 and over	\$543.18	\$624.66	\$577.05	\$663.60	\$537.30	\$617.91

**Regence BlueShield**  
**Individual Rates**  
**Rates Effective January 1, 2015**

**Rating Area 1**

HIOS ID	87718WA0680001		87718WA0770001		87718WA1300002	
Exchange Status	Off Exchange		Off Exchange		Off Exchange	
Plan Name	Regence Direct Gold		Regence Direct Gold with Dental, Vision, Individual Assistance Program (IAP)		Regence Direct Gold+ High	
Network	Preferred Plan Provider Network		Preferred Plan Provider Network		Preferred Plan Provider Network	
Metal Level	Gold		Gold		Gold	
Benefits	Base Only		Base with Dental, Vision, Individual Assistance Program		Base Only	
Age	Non-Tobacco	Tobacco	Non-Tobacco	Tobacco	Non-Tobacco	Tobacco
0-20	\$184.86	\$184.86	\$201.32	\$201.32	\$193.85	\$193.85
21	\$291.12	\$334.79	\$317.04	\$364.60	\$305.27	\$351.06
22	\$291.12	\$334.79	\$317.04	\$364.60	\$305.27	\$351.06
23	\$291.12	\$334.79	\$317.04	\$364.60	\$305.27	\$351.06
24	\$291.12	\$334.79	\$317.04	\$364.60	\$305.27	\$351.06
25	\$292.28	\$336.13	\$318.31	\$366.05	\$306.49	\$352.46
26	\$298.11	\$342.82	\$324.65	\$373.35	\$312.60	\$359.49
27	\$305.09	\$350.86	\$332.26	\$382.10	\$319.92	\$367.91
28	\$316.45	\$363.91	\$344.62	\$396.32	\$331.83	\$381.60
29	\$325.76	\$374.63	\$354.77	\$407.98	\$341.60	\$392.84
30	\$330.42	\$379.98	\$359.84	\$413.82	\$346.48	\$398.45
31	\$337.41	\$388.02	\$367.45	\$422.57	\$353.81	\$406.88
32	\$344.39	\$396.05	\$375.06	\$431.32	\$361.13	\$415.30
33	\$348.76	\$401.08	\$379.81	\$436.79	\$365.71	\$420.57
34	\$353.42	\$406.43	\$384.89	\$442.62	\$370.60	\$426.19
35	\$355.75	\$409.11	\$387.42	\$445.54	\$373.04	\$429.00
36	\$358.08	\$411.79	\$389.96	\$448.45	\$375.48	\$431.80
37	\$360.41	\$414.47	\$392.50	\$451.37	\$377.92	\$434.61
38	\$362.74	\$417.15	\$395.03	\$454.29	\$380.37	\$437.42
39	\$367.39	\$422.50	\$400.10	\$460.12	\$385.25	\$443.04
40	\$372.05	\$427.86	\$405.18	\$465.95	\$390.14	\$448.66
41	\$379.04	\$435.89	\$412.79	\$474.70	\$397.46	\$457.08
42	\$385.73	\$443.59	\$420.08	\$483.09	\$404.48	\$465.16
43	\$395.05	\$454.31	\$430.22	\$494.76	\$414.25	\$476.39
44	\$406.69	\$467.70	\$442.90	\$509.34	\$426.46	\$490.43
45	\$420.38	\$483.43	\$457.81	\$526.48	\$440.81	\$506.93
46	\$436.68	\$502.18	\$475.56	\$546.89	\$457.91	\$526.59
47	\$455.02	\$523.27	\$495.53	\$569.86	\$477.14	\$548.71
48	\$475.98	\$547.38	\$518.36	\$596.11	\$499.12	\$573.98
49	\$496.65	\$571.15	\$540.87	\$622.00	\$520.79	\$598.91
50	\$519.94	\$597.93	\$566.23	\$651.17	\$545.21	\$626.99
51	\$542.94	\$624.38	\$591.28	\$679.97	\$569.33	\$654.73
52	\$568.27	\$653.51	\$618.86	\$711.69	\$595.89	\$685.27
53	\$593.88	\$682.97	\$646.76	\$743.78	\$622.75	\$716.16
54	\$621.54	\$714.77	\$676.88	\$778.41	\$651.75	\$749.51
55	\$649.20	\$746.58	\$707.00	\$813.05	\$680.75	\$782.86
56	\$679.18	\$781.06	\$739.65	\$850.60	\$712.19	\$819.02
57	\$709.46	\$815.88	\$772.63	\$888.52	\$743.94	\$855.53
58	\$741.77	\$853.04	\$807.82	\$928.99	\$777.83	\$894.50
59	\$757.79	\$871.45	\$825.26	\$949.04	\$794.62	\$913.81
60	\$790.10	\$908.61	\$860.45	\$989.51	\$828.50	\$952.78
61	\$818.05	\$940.75	\$890.88	\$1,024.51	\$857.81	\$986.48
62	\$836.39	\$961.85	\$910.86	\$1,047.48	\$877.04	\$1,008.60
63	\$859.39	\$988.29	\$935.90	\$1,076.29	\$901.16	\$1,036.33
64	\$873.36	\$1,004.37	\$951.12	\$1,093.80	\$915.81	\$1,053.18
65 and over	\$873.36	\$1,004.37	\$951.12	\$1,093.80	\$915.81	\$1,053.18

**Regence BlueShield**  
**Individual Rates**  
**Rates Effective January 1, 2015**

**Rating Area 1**

HIOS ID	87718WA1400002		87718WA1410002		87718WA1450001	
Exchange Status	Off Exchange		Off Exchange		Off Exchange	
Plan Name	Regence Direct Gold+ High Evergreen Health Partners		Regence Direct Gold+ High Evergreen Health Partners with Dental, Vision, Individual Assistance Program (IAP)		Regence Direct Gold+ High MultiCare Health System	
Network	Evergreen Health Partners		Evergreen Health Partners		MultiCare Health System	
Metal Level	Gold		Gold		Gold	
Benefits	Base Only		Base with Dental, Vision, Individual Assistance Program		Base Only	
Age	Non-Tobacco	Tobacco	Non-Tobacco	Tobacco	Non-Tobacco	Tobacco
0-20	\$177.76	\$177.76	\$193.57	\$193.57	\$188.80	\$188.80
21	\$279.94	\$321.93	\$304.84	\$350.57	\$297.33	\$341.93
22	\$279.94	\$321.93	\$304.84	\$350.57	\$297.33	\$341.93
23	\$279.94	\$321.93	\$304.84	\$350.57	\$297.33	\$341.93
24	\$279.94	\$321.93	\$304.84	\$350.57	\$297.33	\$341.93
25	\$281.06	\$323.22	\$306.06	\$351.97	\$298.52	\$343.30
26	\$286.66	\$329.66	\$312.16	\$358.98	\$304.47	\$350.14
27	\$293.38	\$337.38	\$319.47	\$367.39	\$311.60	\$358.34
28	\$304.29	\$349.94	\$331.36	\$381.07	\$323.20	\$371.68
29	\$313.25	\$360.24	\$341.12	\$392.28	\$332.71	\$382.62
30	\$317.73	\$365.39	\$345.99	\$397.89	\$337.47	\$388.09
31	\$324.45	\$373.12	\$353.31	\$406.31	\$344.61	\$396.30
32	\$331.17	\$380.84	\$360.63	\$414.72	\$351.74	\$404.50
33	\$335.37	\$385.67	\$365.20	\$419.98	\$356.20	\$409.63
34	\$339.85	\$390.82	\$370.08	\$425.59	\$360.96	\$415.10
35	\$342.09	\$393.40	\$372.51	\$428.39	\$363.34	\$417.84
36	\$344.33	\$395.98	\$374.95	\$431.20	\$365.72	\$420.57
37	\$346.57	\$398.55	\$377.39	\$434.00	\$368.09	\$423.31
38	\$348.81	\$401.13	\$379.83	\$436.81	\$370.47	\$426.04
39	\$353.28	\$406.28	\$384.71	\$442.41	\$375.23	\$431.52
40	\$357.76	\$411.43	\$389.59	\$448.02	\$379.99	\$436.99
41	\$364.48	\$419.15	\$396.90	\$456.44	\$387.12	\$445.19
42	\$370.92	\$426.56	\$403.91	\$464.50	\$393.96	\$453.06
43	\$379.88	\$436.86	\$413.67	\$475.72	\$403.48	\$464.00
44	\$391.08	\$449.74	\$425.86	\$489.74	\$415.37	\$477.68
45	\$404.23	\$464.87	\$440.19	\$506.22	\$429.34	\$493.75
46	\$419.91	\$482.90	\$457.26	\$525.85	\$446.00	\$512.89
47	\$437.55	\$503.18	\$476.46	\$547.93	\$464.73	\$534.44
48	\$457.70	\$526.36	\$498.41	\$573.18	\$486.13	\$559.05
49	\$477.58	\$549.21	\$520.06	\$598.07	\$507.24	\$583.33
50	\$499.97	\$574.97	\$544.44	\$626.11	\$531.03	\$610.69
51	\$522.09	\$600.40	\$568.53	\$653.81	\$554.52	\$637.70
52	\$546.44	\$628.41	\$595.05	\$684.30	\$580.39	\$667.45
53	\$571.08	\$656.74	\$621.87	\$715.15	\$606.55	\$697.54
54	\$597.67	\$687.32	\$650.83	\$748.46	\$634.80	\$730.02
55	\$624.27	\$717.91	\$679.79	\$781.76	\$663.05	\$762.50
56	\$653.10	\$751.07	\$711.19	\$817.87	\$693.67	\$797.72
57	\$682.21	\$784.55	\$742.90	\$854.33	\$724.59	\$833.28
58	\$713.29	\$820.28	\$776.73	\$893.24	\$757.60	\$871.24
59	\$728.68	\$837.99	\$793.50	\$912.52	\$773.95	\$890.04
60	\$759.76	\$873.72	\$827.34	\$951.44	\$806.95	\$928.00
61	\$786.63	\$904.63	\$856.60	\$985.09	\$835.50	\$960.82
62	\$804.27	\$924.91	\$875.81	\$1,007.18	\$854.23	\$982.36
63	\$826.38	\$950.34	\$899.89	\$1,034.87	\$877.72	\$1,009.38
64	\$839.82	\$965.79	\$914.52	\$1,051.71	\$891.99	\$1,025.79
65 and over	\$839.82	\$965.79	\$914.52	\$1,051.71	\$891.99	\$1,025.79

**Regence BlueShield  
Individual Rates  
Rates Effective January 1, 2015**

**Rating Area 1**

HIOS ID	87718WA1460001		87718WA1510002		87718WA1520002	
Exchange Status	Off Exchange		Off Exchange		Off Exchange	
Plan Name	Regence Direct Gold+ High MultiCare Health System with Dental, Vision, Individual Assistance Program (IAP)		Regence Direct Gold+ High UW Medicine		Regence Direct Gold+ High UW Medicine with Dental, Vision, Individual Assistance Program (IAP)	
Network	MultiCare Health System		UW Medicine		UW Medicine	
Metal Level	Gold		Gold		Gold	
Benefits	Base with Dental, Vision, Individual Assistance Program		Base Only		Base with Dental, Vision, Individual Assistance Program	
Age	Non-Tobacco	Tobacco	Non-Tobacco	Tobacco	Non-Tobacco	Tobacco
0-20	\$205.61	\$205.61	\$175.83	\$175.83	\$191.48	\$191.48
21	\$323.79	\$372.36	\$276.89	\$318.42	\$301.54	\$346.77
22	\$323.79	\$372.36	\$276.89	\$318.42	\$301.54	\$346.77
23	\$323.79	\$372.36	\$276.89	\$318.42	\$301.54	\$346.77
24	\$323.79	\$372.36	\$276.89	\$318.42	\$301.54	\$346.77
25	\$325.09	\$373.85	\$278.00	\$319.70	\$302.75	\$348.16
26	\$331.56	\$381.30	\$283.54	\$326.07	\$308.78	\$355.09
27	\$339.33	\$390.23	\$290.18	\$333.71	\$316.01	\$363.42
28	\$351.96	\$404.75	\$300.98	\$346.13	\$327.77	\$376.94
29	\$362.32	\$416.67	\$309.84	\$356.32	\$337.42	\$388.04
30	\$367.50	\$422.63	\$314.27	\$361.41	\$342.25	\$393.59
31	\$375.27	\$431.56	\$320.92	\$369.05	\$349.48	\$401.91
32	\$383.04	\$440.50	\$327.56	\$376.70	\$356.72	\$410.23
33	\$387.90	\$446.09	\$331.71	\$381.47	\$361.24	\$415.43
34	\$393.08	\$452.04	\$336.14	\$386.57	\$366.07	\$420.98
35	\$395.67	\$455.02	\$338.36	\$389.11	\$368.48	\$423.75
36	\$398.26	\$458.00	\$340.57	\$391.66	\$370.89	\$426.53
37	\$400.85	\$460.98	\$342.79	\$394.21	\$373.31	\$429.30
38	\$403.44	\$463.96	\$345.00	\$396.76	\$375.72	\$432.08
39	\$408.62	\$469.92	\$349.44	\$401.85	\$380.54	\$437.63
40	\$413.80	\$475.87	\$353.87	\$406.95	\$385.37	\$443.17
41	\$421.57	\$484.81	\$360.51	\$414.59	\$392.61	\$451.50
42	\$429.02	\$493.38	\$366.88	\$421.91	\$399.54	\$459.47
43	\$439.38	\$505.29	\$375.74	\$432.10	\$409.19	\$470.57
44	\$452.33	\$520.18	\$386.82	\$444.84	\$421.25	\$484.44
45	\$467.55	\$537.69	\$399.83	\$459.80	\$435.42	\$500.74
46	\$485.69	\$558.54	\$415.34	\$477.64	\$452.31	\$520.16
47	\$506.08	\$582.00	\$432.78	\$497.70	\$471.31	\$542.00
48	\$529.40	\$608.81	\$452.72	\$520.62	\$493.02	\$566.97
49	\$552.39	\$635.24	\$472.37	\$543.23	\$514.43	\$591.59
50	\$578.29	\$665.03	\$494.53	\$568.70	\$538.55	\$619.33
51	\$603.87	\$694.45	\$516.40	\$593.86	\$562.37	\$646.73
52	\$632.04	\$726.84	\$540.49	\$621.56	\$588.61	\$676.90
53	\$660.53	\$759.61	\$564.86	\$649.58	\$615.14	\$707.41
54	\$691.29	\$794.99	\$591.16	\$679.83	\$643.79	\$740.36
55	\$722.05	\$830.36	\$617.46	\$710.08	\$672.43	\$773.30
56	\$755.40	\$868.71	\$645.98	\$742.88	\$703.49	\$809.02
57	\$789.08	\$907.44	\$674.78	\$776.00	\$734.85	\$845.08
58	\$825.02	\$948.77	\$705.52	\$811.34	\$768.32	\$883.57
59	\$842.83	\$969.25	\$720.74	\$828.86	\$784.91	\$902.64
60	\$878.77	\$1,010.58	\$751.48	\$864.20	\$818.38	\$941.14
61	\$909.85	\$1,046.33	\$778.06	\$894.77	\$847.33	\$974.43
62	\$930.25	\$1,069.79	\$795.50	\$914.83	\$866.32	\$996.27
63	\$955.83	\$1,099.20	\$817.38	\$939.99	\$890.15	\$1,023.67
64	\$971.37	\$1,117.08	\$830.67	\$955.26	\$904.62	\$1,040.31
65 and over	\$971.37	\$1,117.08	\$830.67	\$955.26	\$904.62	\$1,040.31

**Regence BlueShield**  
**Individual Rates**  
**Rates Effective January 1, 2015**

**Rating Area 1**

HIOS ID	87718WA1330002		87718WA1300001		87718WA1400001	
Exchange Status	Off Exchange		Off Exchange		Off Exchange	
Plan Name	Regence Direct Gold+ High with Dental, Vision, Individual Assistance Program (IAP)		Regence Direct Platinum High		Regence Direct Platinum High Evergreen Health Partners	
Network	Preferred Plan Provider Network		Preferred Plan Provider Network		Evergreen Health Partners	
Metal Level	Gold		Platinum		Platinum	
Benefits	Base with Dental, Vision, Individual Assistance Program		Base Only		Base Only	
Age	Non-Tobacco	Tobacco	Non-Tobacco	Tobacco	Non-Tobacco	Tobacco
0-20	\$211.09	\$211.09	\$217.36	\$217.36	\$199.31	\$199.31
21	\$332.43	\$382.29	\$342.30	\$393.65	\$313.88	\$360.96
22	\$332.43	\$382.29	\$342.30	\$393.65	\$313.88	\$360.96
23	\$332.43	\$382.29	\$342.30	\$393.65	\$313.88	\$360.96
24	\$332.43	\$382.29	\$342.30	\$393.65	\$313.88	\$360.96
25	\$333.76	\$383.82	\$343.67	\$395.22	\$315.14	\$362.41
26	\$340.41	\$391.47	\$350.52	\$403.09	\$321.41	\$369.63
27	\$348.39	\$400.64	\$358.73	\$412.54	\$328.95	\$378.29
28	\$361.35	\$415.55	\$372.08	\$427.89	\$341.19	\$392.37
29	\$371.99	\$427.79	\$383.03	\$440.49	\$351.23	\$403.92
30	\$377.31	\$433.90	\$388.51	\$446.79	\$356.25	\$409.69
31	\$385.29	\$443.08	\$396.73	\$456.23	\$363.79	\$418.35
32	\$393.26	\$452.25	\$404.94	\$465.68	\$371.32	\$427.02
33	\$398.25	\$457.99	\$410.08	\$471.59	\$376.03	\$432.43
34	\$403.57	\$464.11	\$415.55	\$477.89	\$381.05	\$438.21
35	\$406.23	\$467.16	\$418.29	\$481.03	\$383.56	\$441.10
36	\$408.89	\$470.22	\$421.03	\$484.18	\$386.07	\$443.98
37	\$411.55	\$473.28	\$423.77	\$487.33	\$388.58	\$446.87
38	\$414.21	\$476.34	\$426.51	\$490.48	\$391.09	\$449.76
39	\$419.53	\$482.46	\$431.98	\$496.78	\$396.12	\$455.53
40	\$424.85	\$488.57	\$437.46	\$503.08	\$401.14	\$461.31
41	\$432.82	\$497.75	\$445.67	\$512.53	\$408.67	\$469.97
42	\$440.47	\$506.54	\$453.55	\$521.58	\$415.89	\$478.27
43	\$451.11	\$518.77	\$464.50	\$534.18	\$425.94	\$489.83
44	\$464.40	\$534.07	\$478.19	\$549.92	\$438.49	\$504.26
45	\$480.03	\$552.03	\$494.28	\$568.42	\$453.24	\$521.23
46	\$498.65	\$573.44	\$513.45	\$590.47	\$470.82	\$541.44
47	\$519.59	\$597.53	\$535.01	\$615.27	\$490.59	\$564.18
48	\$543.52	\$625.05	\$559.66	\$643.61	\$513.19	\$590.17
49	\$567.13	\$652.19	\$583.96	\$671.56	\$535.48	\$615.80
50	\$593.72	\$682.78	\$611.35	\$703.05	\$560.59	\$644.68
51	\$619.98	\$712.98	\$638.39	\$734.15	\$585.39	\$673.19
52	\$648.90	\$746.24	\$668.17	\$768.40	\$612.69	\$704.60
53	\$678.16	\$779.88	\$698.29	\$803.04	\$640.32	\$736.36
54	\$709.74	\$816.20	\$730.81	\$840.43	\$670.13	\$770.65
55	\$741.32	\$852.52	\$763.33	\$877.83	\$699.95	\$804.95
56	\$775.56	\$891.89	\$798.59	\$918.37	\$732.28	\$842.12
57	\$810.13	\$931.65	\$834.19	\$959.31	\$764.93	\$879.66
58	\$847.03	\$974.09	\$872.18	\$1,003.01	\$799.77	\$919.73
59	\$865.32	\$995.11	\$891.01	\$1,024.66	\$817.03	\$939.58
60	\$902.22	\$1,037.55	\$929.00	\$1,068.35	\$851.87	\$979.65
61	\$934.13	\$1,074.25	\$961.86	\$1,106.14	\$882.00	\$1,014.30
62	\$955.07	\$1,098.33	\$983.43	\$1,130.94	\$901.78	\$1,037.04
63	\$981.33	\$1,128.53	\$1,010.47	\$1,162.04	\$926.57	\$1,065.56
64	\$997.29	\$1,146.87	\$1,026.90	\$1,180.95	\$941.64	\$1,082.88
65 and over	\$997.29	\$1,146.87	\$1,026.90	\$1,180.95	\$941.64	\$1,082.88



**Regence BlueShield**  
**Individual Rates**  
**Rates Effective January 1, 2015**

**Rating Area 1**

HIOS ID	87718WA1410001		87718WA1450002		87718WA1460002	
Exchange Status	Off Exchange		Off Exchange		Off Exchange	
Plan Name	Regence Direct Platinum High Evergreen Health Partners with Dental, Vision, Individual Assistance Program (IAP)		Regence Direct Platinum High MultiCare Health System		Regence Direct Platinum High MultiCare Health System with Dental, Vision, Individual Assistance Program (IAP)	
Network	Evergreen Health Partners		MultiCare Health System		MultiCare Health System	
Metal Level	Platinum		Platinum		Platinum	
Benefits	Base with Dental, Vision, Individual Assistance Program		Base Only		Base with Dental, Vision, Individual Assistance Program	
Age	Non-Tobacco	Tobacco	Non-Tobacco	Tobacco	Non-Tobacco	Tobacco
0-20	\$217.06	\$217.06	\$211.72	\$211.72	\$230.54	\$230.54
21	\$341.83	\$393.10	\$333.41	\$383.42	\$363.06	\$417.52
22	\$341.83	\$393.10	\$333.41	\$383.42	\$363.06	\$417.52
23	\$341.83	\$393.10	\$333.41	\$383.42	\$363.06	\$417.52
24	\$341.83	\$393.10	\$333.41	\$383.42	\$363.06	\$417.52
25	\$343.20	\$394.68	\$334.74	\$384.96	\$364.51	\$419.19
26	\$350.03	\$402.54	\$341.41	\$392.62	\$371.77	\$427.54
27	\$358.24	\$411.97	\$349.41	\$401.83	\$380.49	\$437.56
28	\$371.57	\$427.30	\$362.42	\$416.78	\$394.65	\$453.84
29	\$382.51	\$439.88	\$373.09	\$429.05	\$406.26	\$467.20
30	\$387.98	\$446.17	\$378.42	\$435.18	\$412.07	\$473.88
31	\$396.18	\$455.61	\$386.42	\$444.39	\$420.79	\$483.90
32	\$404.38	\$465.04	\$394.42	\$453.59	\$429.50	\$493.92
33	\$409.51	\$470.94	\$399.43	\$459.34	\$434.95	\$500.19
34	\$414.98	\$477.23	\$404.76	\$465.47	\$440.75	\$506.87
35	\$417.72	\$480.37	\$407.43	\$468.54	\$443.66	\$510.21
36	\$420.45	\$483.52	\$410.09	\$471.61	\$446.56	\$513.55
37	\$423.19	\$486.66	\$412.76	\$474.68	\$449.47	\$516.89
38	\$425.92	\$489.81	\$415.43	\$477.74	\$452.37	\$520.23
39	\$431.39	\$496.10	\$420.76	\$483.88	\$458.18	\$526.91
40	\$436.86	\$502.39	\$426.10	\$490.01	\$463.99	\$533.59
41	\$445.06	\$511.82	\$434.10	\$499.21	\$472.70	\$543.61
42	\$452.92	\$520.86	\$441.77	\$508.03	\$481.05	\$553.21
43	\$463.86	\$533.44	\$452.44	\$520.30	\$492.67	\$566.57
44	\$477.54	\$549.17	\$465.77	\$535.64	\$507.19	\$583.27
45	\$493.60	\$567.64	\$481.44	\$553.66	\$524.26	\$602.90
46	\$512.75	\$589.66	\$500.12	\$575.13	\$544.59	\$626.28
47	\$534.28	\$614.42	\$521.12	\$599.29	\$567.46	\$652.58
48	\$558.89	\$642.73	\$545.13	\$626.89	\$593.60	\$682.64
49	\$583.16	\$670.64	\$568.80	\$654.12	\$619.38	\$712.29
50	\$610.51	\$702.08	\$595.47	\$684.79	\$648.43	\$745.69
51	\$637.51	\$733.14	\$621.81	\$715.08	\$677.11	\$778.67
52	\$667.25	\$767.34	\$650.82	\$748.44	\$708.69	\$815.00
53	\$697.33	\$801.93	\$680.16	\$782.18	\$740.64	\$851.74
54	\$729.81	\$839.28	\$711.83	\$818.60	\$775.13	\$891.40
55	\$762.28	\$876.62	\$743.50	\$855.03	\$809.62	\$931.07
56	\$797.49	\$917.11	\$777.85	\$894.52	\$847.02	\$974.07
57	\$833.04	\$958.00	\$812.52	\$934.40	\$884.78	\$1,017.49
58	\$870.98	\$1,001.63	\$849.53	\$976.96	\$925.08	\$1,063.84
59	\$889.78	\$1,023.25	\$867.87	\$998.05	\$945.05	\$1,086.80
60	\$927.73	\$1,066.89	\$904.87	\$1,040.61	\$985.34	\$1,133.15
61	\$960.54	\$1,104.62	\$936.88	\$1,077.41	\$1,020.20	\$1,173.23
62	\$982.08	\$1,129.39	\$957.89	\$1,101.57	\$1,043.07	\$1,199.53
63	\$1,009.08	\$1,160.44	\$984.23	\$1,131.86	\$1,071.75	\$1,232.52
64	\$1,025.49	\$1,179.30	\$1,000.23	\$1,150.26	\$1,089.18	\$1,252.56
65 and over	\$1,025.49	\$1,179.30	\$1,000.23	\$1,150.26	\$1,089.18	\$1,252.56

**Regence BlueShield**  
**Individual Rates**  
**Rates Effective January 1, 2015**

**Rating Area 1**

HIOS ID	87718WA1510001		87718WA1520001		87718WA1330001	
Exchange Status	Off Exchange		Off Exchange		Off Exchange	
Plan Name	Regence Direct Platinum High UW Medicine		Regence Direct Platinum High UW Medicine with Dental, Vision, Individual Assistance Program (IAP)		Regence Direct Platinum High with Dental, Vision, Individual Assistance Program (IAP)	
Network	UW Medicine		UW Medicine		Preferred Plan Provider Network	
Metal Level	Platinum		Platinum		Platinum	
Benefits	Base Only		Base with Dental, Vision, Individual Assistance Program		Base with Dental, Vision, Individual Assistance Program	
Age	Non-Tobacco	Tobacco	Non-Tobacco	Tobacco	Non-Tobacco	Tobacco
0-20	\$197.15	\$197.15	\$214.69	\$214.69	\$236.70	\$236.70
21	\$310.47	\$357.04	\$338.09	\$388.80	\$372.75	\$428.66
22	\$310.47	\$357.04	\$338.09	\$388.80	\$372.75	\$428.66
23	\$310.47	\$357.04	\$338.09	\$388.80	\$372.75	\$428.66
24	\$310.47	\$357.04	\$338.09	\$388.80	\$372.75	\$428.66
25	\$311.71	\$358.47	\$339.44	\$390.36	\$374.24	\$430.38
26	\$317.92	\$365.61	\$346.20	\$398.13	\$381.70	\$438.95
27	\$325.37	\$374.18	\$354.32	\$407.47	\$390.64	\$449.24
28	\$337.48	\$388.10	\$367.50	\$422.63	\$405.18	\$465.96
29	\$347.42	\$399.53	\$378.32	\$435.07	\$417.11	\$479.67
30	\$352.38	\$405.24	\$383.73	\$441.29	\$423.07	\$486.53
31	\$359.83	\$413.81	\$391.85	\$450.62	\$432.02	\$496.82
32	\$367.29	\$422.38	\$399.96	\$459.95	\$440.96	\$507.11
33	\$371.94	\$427.73	\$405.03	\$465.79	\$446.55	\$513.54
34	\$376.91	\$433.45	\$410.44	\$472.01	\$452.52	\$520.40
35	\$379.39	\$436.30	\$413.15	\$475.12	\$455.50	\$523.83
36	\$381.88	\$439.16	\$415.85	\$478.23	\$458.48	\$527.25
37	\$384.36	\$442.02	\$418.56	\$481.34	\$461.46	\$530.68
38	\$386.85	\$444.87	\$421.26	\$484.45	\$464.45	\$534.11
39	\$391.81	\$450.59	\$426.67	\$490.67	\$470.41	\$540.97
40	\$396.78	\$456.30	\$432.08	\$496.89	\$476.37	\$547.83
41	\$404.23	\$464.87	\$440.19	\$506.22	\$485.32	\$558.12
42	\$411.37	\$473.08	\$447.97	\$515.16	\$493.89	\$567.98
43	\$421.31	\$484.50	\$458.79	\$527.61	\$505.82	\$581.70
44	\$433.73	\$498.79	\$472.31	\$543.16	\$520.73	\$598.84
45	\$448.32	\$515.57	\$488.20	\$561.43	\$538.25	\$618.99
46	\$465.71	\$535.56	\$507.14	\$583.21	\$559.13	\$642.99
47	\$485.26	\$558.05	\$528.43	\$607.70	\$582.61	\$670.00
48	\$507.62	\$583.76	\$552.78	\$635.69	\$609.45	\$700.86
49	\$529.66	\$609.11	\$576.78	\$663.30	\$635.91	\$731.30
50	\$554.50	\$637.67	\$603.83	\$694.40	\$665.73	\$765.59
51	\$579.03	\$665.88	\$630.54	\$725.12	\$695.18	\$799.46
52	\$606.04	\$696.94	\$659.95	\$758.94	\$727.61	\$836.75
53	\$633.36	\$728.36	\$689.70	\$793.16	\$760.41	\$874.47
54	\$662.85	\$762.28	\$721.82	\$830.10	\$795.82	\$915.19
55	\$692.35	\$796.20	\$753.94	\$867.03	\$831.23	\$955.92
56	\$724.33	\$832.98	\$788.76	\$907.08	\$869.63	\$1,000.07
57	\$756.62	\$870.11	\$823.93	\$947.51	\$908.39	\$1,044.65
58	\$791.08	\$909.74	\$861.45	\$990.67	\$949.77	\$1,092.23
59	\$808.15	\$929.38	\$880.05	\$1,012.06	\$970.27	\$1,115.81
60	\$842.62	\$969.01	\$917.58	\$1,055.21	\$1,011.64	\$1,163.39
61	\$872.42	\$1,003.28	\$950.03	\$1,092.54	\$1,047.43	\$1,204.54
62	\$891.98	\$1,025.78	\$971.33	\$1,117.03	\$1,070.91	\$1,231.55
63	\$916.51	\$1,053.98	\$998.04	\$1,147.75	\$1,100.36	\$1,265.41
64	\$931.41	\$1,071.12	\$1,014.27	\$1,166.40	\$1,118.25	\$1,285.98
65 and over	\$931.41	\$1,071.12	\$1,014.27	\$1,166.40	\$1,118.25	\$1,285.98



**Regence BlueShield  
Individual Rates  
Rates Effective January 1, 2015**

**Rating Area 1**

HIOS ID	87718WA0680002		87718WA1320001		87718WA1830001	
Exchange Status	Off Exchange		Off Exchange		Off Exchange	
Plan Name	Regence Direct Silver		Regence Direct Silver HSA		Regence Direct Silver HSA Evergreen Health Partners	
Network	Preferred Plan Provider Network		Preferred Plan Provider Network		Evergreen Health Partners	
Metal Level	Silver		Silver		Silver	
Benefits	Base Only		Base Only		Base Only	
Age	Non-Tobacco	Tobacco	Non-Tobacco	Tobacco	Non-Tobacco	Tobacco
0-20	\$159.28	\$159.28	\$140.14	\$140.14	\$128.50	\$128.50
21	\$250.83	\$288.45	\$220.70	\$253.81	\$202.37	\$232.73
22	\$250.83	\$288.45	\$220.70	\$253.81	\$202.37	\$232.73
23	\$250.83	\$288.45	\$220.70	\$253.81	\$202.37	\$232.73
24	\$250.83	\$288.45	\$220.70	\$253.81	\$202.37	\$232.73
25	\$251.83	\$289.61	\$221.58	\$254.82	\$203.18	\$233.66
26	\$256.85	\$295.38	\$226.00	\$259.90	\$207.23	\$238.31
27	\$262.87	\$302.30	\$231.29	\$265.99	\$212.08	\$243.90
28	\$272.65	\$313.55	\$239.90	\$275.89	\$219.98	\$252.97
29	\$280.68	\$322.78	\$246.96	\$284.01	\$226.45	\$260.42
30	\$284.69	\$327.40	\$250.49	\$288.07	\$229.69	\$264.14
31	\$290.71	\$334.32	\$255.79	\$294.16	\$234.55	\$269.73
32	\$296.73	\$341.24	\$261.09	\$300.25	\$239.40	\$275.31
33	\$300.49	\$345.57	\$264.40	\$304.06	\$242.44	\$278.81
34	\$304.51	\$350.18	\$267.93	\$308.12	\$245.68	\$282.53
35	\$306.51	\$352.49	\$269.70	\$310.15	\$247.30	\$284.39
36	\$308.52	\$354.80	\$271.46	\$312.18	\$248.92	\$286.25
37	\$310.53	\$357.11	\$273.23	\$314.21	\$250.53	\$288.11
38	\$312.53	\$359.41	\$274.99	\$316.24	\$252.15	\$289.98
39	\$316.55	\$364.03	\$278.52	\$320.30	\$255.39	\$293.70
40	\$320.56	\$368.64	\$282.05	\$324.36	\$258.63	\$297.42
41	\$326.58	\$375.57	\$287.35	\$330.45	\$263.49	\$303.01
42	\$332.35	\$382.20	\$292.43	\$336.29	\$268.14	\$308.36
43	\$340.38	\$391.43	\$299.49	\$344.41	\$274.62	\$315.81
44	\$350.41	\$402.97	\$308.32	\$354.57	\$282.71	\$325.12
45	\$362.20	\$416.53	\$318.69	\$366.49	\$292.22	\$336.06
46	\$376.25	\$432.68	\$331.05	\$380.71	\$303.56	\$349.09
47	\$392.05	\$450.85	\$344.95	\$396.70	\$316.30	\$363.75
48	\$410.11	\$471.62	\$360.84	\$414.97	\$330.87	\$380.51
49	\$427.92	\$492.10	\$376.51	\$432.99	\$345.24	\$397.03
50	\$447.98	\$515.18	\$394.17	\$453.30	\$361.43	\$415.65
51	\$467.80	\$537.97	\$411.61	\$473.35	\$377.42	\$434.03
52	\$489.62	\$563.06	\$430.81	\$495.43	\$395.03	\$454.28
53	\$511.69	\$588.45	\$450.23	\$517.76	\$412.83	\$474.76
54	\$535.52	\$615.85	\$471.19	\$541.87	\$432.06	\$496.87
55	\$559.35	\$643.25	\$492.16	\$565.99	\$451.29	\$518.98
56	\$585.19	\$672.96	\$514.89	\$592.13	\$472.13	\$542.95
57	\$611.27	\$702.96	\$537.85	\$618.52	\$493.18	\$567.15
58	\$639.11	\$734.98	\$562.34	\$646.70	\$515.64	\$592.98
59	\$652.91	\$750.85	\$574.48	\$660.65	\$526.77	\$605.78
60	\$680.75	\$782.87	\$598.98	\$688.83	\$549.23	\$631.62
61	\$704.83	\$810.56	\$620.17	\$713.19	\$568.66	\$653.96
62	\$720.63	\$828.73	\$634.07	\$729.18	\$581.41	\$668.62
63	\$740.45	\$851.52	\$651.51	\$749.23	\$597.40	\$687.01
64	\$752.49	\$865.35	\$662.10	\$761.43	\$607.11	\$698.19
65 and over	\$752.49	\$865.35	\$662.10	\$761.43	\$607.11	\$698.19

**Regence BlueShield**  
**Individual Rates**  
**Rates Effective January 1, 2015**

**Rating Area 1**

HIOS ID	87718WA1840001		87718WA1850001		87718WA0770002	
Exchange Status	Off Exchange		Off Exchange		Off Exchange	
Plan Name	Regence Direct Silver HSA MultiCare Health System		Regence Direct Silver HSA UW Medicine		Regence Direct Silver with Dental, Vision, Individual Assistance Program (IAP)	
Network	MultiCare Health System		UW Medicine		Preferred Plan Provider Network	
Metal Level	Silver		Silver		Silver	
Benefits	Base Only		Base Only		Base with Dental, Vision, Individual Assistance Program	
Age	Non-Tobacco	Tobacco	Non-Tobacco	Tobacco	Non-Tobacco	Tobacco
0-20	\$136.50	\$136.50	\$127.12	\$127.12	\$173.45	\$173.45
21	\$214.96	\$247.20	\$200.19	\$230.22	\$273.15	\$314.12
22	\$214.96	\$247.20	\$200.19	\$230.22	\$273.15	\$314.12
23	\$214.96	\$247.20	\$200.19	\$230.22	\$273.15	\$314.12
24	\$214.96	\$247.20	\$200.19	\$230.22	\$273.15	\$314.12
25	\$215.82	\$248.19	\$200.99	\$231.14	\$274.24	\$315.38
26	\$220.12	\$253.14	\$204.99	\$235.74	\$279.71	\$321.66
27	\$225.28	\$259.07	\$209.80	\$241.27	\$286.26	\$329.20
28	\$233.66	\$268.71	\$217.61	\$250.25	\$296.91	\$341.45
29	\$240.54	\$276.62	\$224.01	\$257.61	\$305.65	\$351.50
30	\$243.98	\$280.58	\$227.22	\$261.30	\$310.03	\$356.53
31	\$249.14	\$286.51	\$232.02	\$266.82	\$316.58	\$364.07
32	\$254.30	\$292.44	\$236.82	\$272.35	\$323.14	\$371.61
33	\$257.52	\$296.15	\$239.83	\$275.80	\$327.23	\$376.32
34	\$260.96	\$300.11	\$243.03	\$279.49	\$331.60	\$381.34
35	\$262.68	\$302.08	\$244.63	\$281.33	\$333.79	\$383.86
36	\$264.40	\$304.06	\$246.23	\$283.17	\$335.97	\$386.37
37	\$266.12	\$306.04	\$247.84	\$285.01	\$338.16	\$388.88
38	\$267.84	\$308.02	\$249.44	\$286.85	\$340.34	\$391.40
39	\$271.28	\$311.97	\$252.64	\$290.54	\$344.72	\$396.42
40	\$274.72	\$315.93	\$255.84	\$294.22	\$349.09	\$401.45
41	\$279.88	\$321.86	\$260.65	\$299.74	\$355.64	\$408.99
42	\$284.82	\$327.55	\$265.25	\$305.04	\$361.92	\$416.21
43	\$291.70	\$335.46	\$271.66	\$312.41	\$370.66	\$426.26
44	\$300.30	\$345.34	\$279.67	\$321.62	\$381.59	\$438.83
45	\$310.40	\$356.96	\$289.07	\$332.44	\$394.43	\$453.59
46	\$322.44	\$370.81	\$300.29	\$345.33	\$409.73	\$471.18
47	\$335.98	\$386.38	\$312.90	\$359.83	\$426.93	\$490.97
48	\$351.46	\$404.18	\$327.31	\$376.41	\$446.60	\$513.59
49	\$366.72	\$421.73	\$341.52	\$392.75	\$465.99	\$535.89
50	\$383.92	\$441.51	\$357.54	\$411.17	\$487.85	\$561.02
51	\$400.90	\$461.04	\$373.35	\$429.36	\$509.42	\$585.84
52	\$419.60	\$482.54	\$390.77	\$449.39	\$533.19	\$613.17
53	\$438.52	\$504.30	\$408.39	\$469.65	\$557.23	\$640.81
54	\$458.94	\$527.78	\$427.41	\$491.52	\$583.18	\$670.65
55	\$479.36	\$551.26	\$446.42	\$513.39	\$609.12	\$700.49
56	\$501.50	\$576.73	\$467.04	\$537.10	\$637.26	\$732.85
57	\$523.86	\$602.44	\$487.86	\$561.04	\$665.67	\$765.52
58	\$547.72	\$629.88	\$510.08	\$586.60	\$695.99	\$800.38
59	\$559.54	\$643.47	\$521.09	\$599.26	\$711.01	\$817.66
60	\$583.40	\$670.91	\$543.32	\$624.81	\$741.33	\$852.53
61	\$604.04	\$694.64	\$562.53	\$646.91	\$767.55	\$882.68
62	\$617.58	\$710.22	\$575.15	\$661.42	\$784.76	\$902.47
63	\$634.56	\$729.75	\$590.96	\$679.61	\$806.34	\$927.29
64	\$644.88	\$741.60	\$600.57	\$690.66	\$819.45	\$942.36
65 and over	\$644.88	\$741.60	\$600.57	\$690.66	\$819.45	\$942.36

**Regence BlueShield**  
**Individual Rates**  
**Rates Effective January 1, 2015**

**Rating Area 1**

HIOS ID	87718WA1310001		87718WA1430001		87718WA1440001	
Exchange Status	Off Exchange		Off Exchange		Off Exchange	
Plan Name	Regence Direct Silver+		Regence Direct Silver+ Evergreen Health Partners		Regence Direct Silver+ Evergreen Health Partners with Dental, Vision, Individual Assistance Program (IAP)	
Network	Preferred Plan Provider Network		Evergreen Health Partners		Evergreen Health Partners	
Metal Level	Silver		Silver		Silver	
Benefits	Base Only		Base Only		Base with Dental, Vision, Individual Assistance Program	
Age	Non-Tobacco	Tobacco	Non-Tobacco	Tobacco	Non-Tobacco	Tobacco
0-20	\$168.95	\$168.95	\$154.94	\$154.94	\$168.73	\$168.73
21	\$266.07	\$305.98	\$244.00	\$280.60	\$265.71	\$305.57
22	\$266.07	\$305.98	\$244.00	\$280.60	\$265.71	\$305.57
23	\$266.07	\$305.98	\$244.00	\$280.60	\$265.71	\$305.57
24	\$266.07	\$305.98	\$244.00	\$280.60	\$265.71	\$305.57
25	\$267.13	\$307.20	\$244.98	\$281.72	\$266.77	\$306.79
26	\$272.46	\$313.32	\$249.86	\$287.33	\$272.09	\$312.90
27	\$278.84	\$320.67	\$255.71	\$294.07	\$278.46	\$320.23
28	\$289.22	\$332.60	\$265.23	\$305.01	\$288.83	\$332.15
29	\$297.73	\$342.39	\$273.04	\$313.99	\$297.33	\$341.93
30	\$301.99	\$347.29	\$276.94	\$318.48	\$301.58	\$346.82
31	\$308.38	\$354.63	\$282.80	\$325.22	\$307.96	\$354.15
32	\$314.76	\$361.97	\$288.65	\$331.95	\$314.33	\$361.49
33	\$318.75	\$366.56	\$292.31	\$336.16	\$318.32	\$366.07
34	\$323.01	\$371.46	\$296.22	\$340.65	\$322.57	\$370.96
35	\$325.14	\$373.91	\$298.17	\$342.89	\$324.70	\$373.40
36	\$327.27	\$376.36	\$300.12	\$345.14	\$326.82	\$375.85
37	\$329.39	\$378.80	\$302.07	\$347.38	\$328.95	\$378.29
38	\$331.52	\$381.25	\$304.02	\$349.63	\$331.07	\$380.74
39	\$335.78	\$386.15	\$307.93	\$354.12	\$335.33	\$385.62
40	\$340.04	\$391.04	\$311.83	\$358.61	\$339.58	\$390.51
41	\$346.42	\$398.39	\$317.69	\$365.34	\$345.95	\$397.85
42	\$352.54	\$405.42	\$323.30	\$371.80	\$352.07	\$404.88
43	\$361.06	\$415.22	\$331.11	\$380.77	\$360.57	\$414.65
44	\$371.70	\$427.45	\$340.87	\$392.00	\$371.20	\$426.88
45	\$384.21	\$441.84	\$352.34	\$405.19	\$383.69	\$441.24
46	\$399.11	\$458.97	\$366.00	\$420.90	\$398.57	\$458.35
47	\$415.87	\$478.25	\$381.37	\$438.58	\$415.30	\$477.60
48	\$435.02	\$500.28	\$398.94	\$458.78	\$434.44	\$499.60
49	\$453.92	\$522.00	\$416.26	\$478.70	\$453.30	\$521.30
50	\$475.20	\$546.48	\$435.78	\$501.15	\$474.56	\$545.74
51	\$496.22	\$570.65	\$455.06	\$523.32	\$495.55	\$569.88
52	\$519.37	\$597.27	\$476.29	\$547.73	\$518.67	\$596.47
53	\$542.78	\$624.20	\$497.76	\$572.42	\$542.05	\$623.36
54	\$568.06	\$653.27	\$520.94	\$599.08	\$567.29	\$652.38
55	\$593.34	\$682.34	\$544.12	\$625.74	\$592.53	\$681.41
56	\$620.74	\$713.85	\$569.25	\$654.64	\$619.90	\$712.89
57	\$648.41	\$745.67	\$594.63	\$683.82	\$647.54	\$744.67
58	\$677.95	\$779.64	\$621.71	\$714.97	\$677.03	\$778.58
59	\$692.58	\$796.47	\$635.13	\$730.40	\$691.64	\$795.39
60	\$722.11	\$830.43	\$662.22	\$761.55	\$721.14	\$829.31
61	\$747.66	\$859.81	\$685.64	\$788.49	\$746.65	\$858.64
62	\$764.42	\$879.08	\$701.01	\$806.16	\$763.38	\$877.89
63	\$785.44	\$903.25	\$720.29	\$828.33	\$784.38	\$902.03
64	\$798.21	\$917.94	\$732.00	\$841.80	\$797.13	\$916.71
65 and over	\$798.21	\$917.94	\$732.00	\$841.80	\$797.13	\$916.71

**Regence BlueShield**  
**Individual Rates**  
**Rates Effective January 1, 2015**

**Rating Area 1**

HIOS ID	87718WA1490001		87718WA1500001		87718WA1530001	
Exchange Status	Off Exchange		Off Exchange		Off Exchange	
Plan Name	Regence Direct Silver+ MultiCare Health System		Regence Direct Silver+ MultiCare Health System with Dental, Vision, Individual Assistance Program (IAP)		Regence Direct Silver+ UW Medicine	
Network	MultiCare Health System		MultiCare Health System		UW Medicine	
Metal Level	Silver		Silver		Silver	
Benefits	Base Only		Base with Dental, Vision, Individual Assistance Program		Base Only	
Age	Non-Tobacco	Tobacco	Non-Tobacco	Tobacco	Non-Tobacco	Tobacco
0-20	\$164.55	\$164.55	\$179.21	\$179.21	\$153.24	\$153.24
21	\$259.14	\$298.01	\$282.22	\$324.55	\$241.32	\$277.52
22	\$259.14	\$298.01	\$282.22	\$324.55	\$241.32	\$277.52
23	\$259.14	\$298.01	\$282.22	\$324.55	\$241.32	\$277.52
24	\$259.14	\$298.01	\$282.22	\$324.55	\$241.32	\$277.52
25	\$260.18	\$299.20	\$283.35	\$325.85	\$242.29	\$278.63
26	\$265.36	\$305.16	\$288.99	\$332.34	\$247.11	\$284.18
27	\$271.58	\$312.32	\$295.77	\$340.13	\$252.90	\$290.84
28	\$281.69	\$323.94	\$306.77	\$352.79	\$262.31	\$301.66
29	\$289.98	\$333.47	\$315.80	\$363.17	\$270.04	\$310.54
30	\$294.12	\$338.24	\$320.32	\$368.37	\$273.90	\$314.98
31	\$300.34	\$345.39	\$327.09	\$376.16	\$279.69	\$321.64
32	\$306.56	\$352.55	\$333.87	\$383.95	\$285.48	\$328.30
33	\$310.45	\$357.02	\$338.10	\$388.81	\$289.10	\$332.47
34	\$314.60	\$361.79	\$342.62	\$394.01	\$292.96	\$336.91
35	\$316.67	\$364.17	\$344.87	\$396.60	\$294.89	\$339.13
36	\$318.74	\$366.55	\$347.13	\$399.20	\$296.82	\$341.35
37	\$320.82	\$368.94	\$349.39	\$401.80	\$298.75	\$343.57
38	\$322.89	\$371.32	\$351.65	\$404.39	\$300.68	\$345.79
39	\$327.03	\$376.09	\$356.16	\$409.59	\$304.55	\$350.23
40	\$331.18	\$380.86	\$360.68	\$414.78	\$308.41	\$354.67
41	\$337.40	\$388.01	\$367.45	\$422.57	\$314.20	\$361.33
42	\$343.36	\$394.86	\$373.94	\$430.03	\$319.75	\$367.71
43	\$351.65	\$404.40	\$382.97	\$440.42	\$327.47	\$376.59
44	\$362.02	\$416.32	\$394.26	\$453.40	\$337.12	\$387.69
45	\$374.20	\$430.33	\$407.53	\$468.65	\$348.47	\$400.74
46	\$388.71	\$447.02	\$423.33	\$486.83	\$361.98	\$416.28
47	\$405.04	\$465.79	\$441.11	\$507.28	\$377.18	\$433.76
48	\$423.69	\$487.25	\$461.43	\$530.64	\$394.56	\$453.74
49	\$442.09	\$508.41	\$481.47	\$553.69	\$411.69	\$473.45
50	\$462.82	\$532.25	\$504.04	\$579.65	\$431.00	\$495.65
51	\$483.30	\$555.79	\$526.34	\$605.29	\$450.06	\$517.57
52	\$505.84	\$581.72	\$550.89	\$633.53	\$471.06	\$541.72
53	\$528.65	\$607.94	\$575.73	\$662.09	\$492.29	\$566.14
54	\$553.26	\$636.25	\$602.54	\$692.92	\$515.22	\$592.50
55	\$577.88	\$664.56	\$629.35	\$723.75	\$538.14	\$618.87
56	\$604.57	\$695.26	\$658.42	\$757.18	\$563.00	\$647.45
57	\$631.52	\$726.25	\$687.77	\$790.94	\$588.10	\$676.31
58	\$660.29	\$759.33	\$719.10	\$826.96	\$614.88	\$707.12
59	\$674.54	\$775.72	\$734.62	\$844.81	\$628.16	\$722.38
60	\$703.31	\$808.80	\$765.95	\$880.84	\$654.94	\$753.18
61	\$728.18	\$837.41	\$793.04	\$911.99	\$678.11	\$779.83
62	\$744.51	\$856.19	\$810.82	\$932.44	\$693.31	\$797.31
63	\$764.98	\$879.73	\$833.11	\$958.08	\$712.38	\$819.23
64	\$777.42	\$894.03	\$846.66	\$973.65	\$723.96	\$832.56
65 and over	\$777.42	\$894.03	\$846.66	\$973.65	\$723.96	\$832.56

**Regence BlueShield**  
**Individual Rates**  
**Rates Effective January 1, 2015**

**Rating Area 1**

HIOS ID	87718WA1540001		87718WA1340001	
Exchange Status	Off Exchange		Off Exchange	
Plan Name	Regence Direct Silver+ UW Medicine with Dental, Vision, Individual Assistance Program (IAP)		Regence Direct Silver+ with Dental, Vision, Individual Assistance Program (IAP)	
Network	UW Medicine		Preferred Plan Provider Network	
Metal Level	Silver		Silver	
Benefits	Base with Dental, Vision, Individual Assistance Program		Base with Dental, Vision, Individual Assistance Program	
Age	Non-Tobacco	Tobacco	Non-Tobacco	Tobacco
0-20	\$166.88	\$166.88	\$183.98	\$183.98
21	\$262.80	\$302.22	\$289.74	\$333.20
22	\$262.80	\$302.22	\$289.74	\$333.20
23	\$262.80	\$302.22	\$289.74	\$333.20
24	\$262.80	\$302.22	\$289.74	\$333.20
25	\$263.85	\$303.43	\$290.90	\$334.53
26	\$269.11	\$309.47	\$296.69	\$341.20
27	\$275.41	\$316.73	\$303.65	\$349.19
28	\$285.66	\$328.51	\$314.95	\$362.19
29	\$294.07	\$338.18	\$324.22	\$372.85
30	\$298.28	\$343.02	\$328.85	\$378.18
31	\$304.59	\$350.27	\$335.81	\$386.18
32	\$310.89	\$357.53	\$342.76	\$394.18
33	\$314.83	\$362.06	\$347.11	\$399.17
34	\$319.04	\$366.90	\$351.74	\$404.51
35	\$321.14	\$369.31	\$354.06	\$407.17
36	\$323.24	\$371.73	\$356.38	\$409.84
37	\$325.35	\$374.15	\$358.70	\$412.50
38	\$327.45	\$376.57	\$361.02	\$415.17
39	\$331.65	\$381.40	\$365.65	\$420.50
40	\$335.86	\$386.24	\$370.29	\$425.83
41	\$342.17	\$393.49	\$377.24	\$433.83
42	\$348.21	\$400.44	\$383.91	\$441.49
43	\$356.62	\$410.11	\$393.18	\$452.15
44	\$367.13	\$422.20	\$404.77	\$465.48
45	\$379.48	\$436.41	\$418.38	\$481.14
46	\$394.20	\$453.33	\$434.61	\$499.80
47	\$410.76	\$472.37	\$452.86	\$520.79
48	\$429.68	\$494.13	\$473.72	\$544.78
49	\$448.34	\$515.59	\$494.30	\$568.44
50	\$469.36	\$539.76	\$517.48	\$595.10
51	\$490.12	\$563.64	\$540.37	\$621.42
52	\$512.99	\$589.93	\$565.57	\$650.41
53	\$536.11	\$616.53	\$591.07	\$679.73
54	\$561.08	\$645.24	\$618.59	\$711.38
55	\$586.04	\$673.95	\$646.12	\$743.04
56	\$613.11	\$705.08	\$675.96	\$777.36
57	\$640.44	\$736.51	\$706.10	\$812.01
58	\$669.61	\$770.06	\$738.26	\$849.00
59	\$684.07	\$786.68	\$754.19	\$867.32
60	\$713.24	\$820.23	\$786.35	\$904.31
61	\$738.47	\$849.24	\$814.17	\$936.29
62	\$755.02	\$868.28	\$832.42	\$957.29
63	\$775.79	\$892.15	\$855.31	\$983.61
64	\$788.40	\$906.66	\$869.22	\$999.60
65 and over	\$788.40	\$906.66	\$869.22	\$999.60

**Regence BlueShield**  
**Individual Rates**  
**Rates Effective January 1, 2015**

**Rating Area 2**

HIOS ID	87718WA0860001		87718WA0870001		87718WA0860002	
Exchange Status	Off Exchange		Off Exchange		Off Exchange	
Plan Name	Regence Direct Bronze HSA		Regence Direct Bronze HSA with Dental, Vision, Individual Assistance Program (IAP)		Regence Direct Bronze HSA+	
Network	Preferred Plan Provider Network		Preferred Plan Provider Network		Preferred Plan Provider Network	
Metal Level	Bronze		Bronze		Bronze	
Benefits	Base Only		Base with Dental, Vision, Individual Assistance Program		Base Only	
Age	Non-Tobacco	Tobacco	Non-Tobacco	Tobacco	Non-Tobacco	Tobacco
0-20	\$124.41	\$124.41	\$125.54	\$125.54	\$130.16	\$130.16
21	\$195.92	\$225.31	\$197.70	\$227.35	\$204.97	\$235.72
22	\$195.92	\$225.31	\$197.70	\$227.35	\$204.97	\$235.72
23	\$195.92	\$225.31	\$197.70	\$227.35	\$204.97	\$235.72
24	\$195.92	\$225.31	\$197.70	\$227.35	\$204.97	\$235.72
25	\$196.71	\$226.21	\$198.49	\$228.26	\$205.79	\$236.66
26	\$200.62	\$230.72	\$202.44	\$232.81	\$209.89	\$241.38
27	\$205.33	\$236.13	\$207.19	\$238.27	\$214.81	\$247.03
28	\$212.97	\$244.91	\$214.90	\$247.13	\$222.81	\$256.23
29	\$219.24	\$252.12	\$221.22	\$254.41	\$229.37	\$263.77
30	\$222.37	\$255.73	\$224.39	\$258.04	\$232.65	\$267.54
31	\$227.07	\$261.14	\$229.13	\$263.50	\$237.56	\$273.20
32	\$231.78	\$266.54	\$233.88	\$268.96	\$242.48	\$278.86
33	\$234.72	\$269.92	\$236.84	\$272.37	\$245.56	\$282.39
34	\$237.85	\$273.53	\$240.00	\$276.01	\$248.84	\$286.16
35	\$239.42	\$275.33	\$241.59	\$277.82	\$250.48	\$288.05
36	\$240.98	\$277.13	\$243.17	\$279.64	\$252.12	\$289.94
37	\$242.55	\$278.93	\$244.75	\$281.46	\$253.76	\$291.82
38	\$244.12	\$280.74	\$246.33	\$283.28	\$255.40	\$293.71
39	\$247.25	\$284.34	\$249.49	\$286.92	\$258.68	\$297.48
40	\$250.39	\$287.95	\$252.66	\$290.56	\$261.96	\$301.25
41	\$255.09	\$293.35	\$257.40	\$296.01	\$266.88	\$306.91
42	\$259.60	\$298.54	\$261.95	\$301.24	\$271.59	\$312.33
43	\$265.87	\$305.75	\$268.28	\$308.52	\$278.15	\$319.87
44	\$273.70	\$314.76	\$276.18	\$317.61	\$286.35	\$329.30
45	\$282.91	\$325.35	\$285.48	\$328.30	\$295.98	\$340.38
46	\$293.88	\$337.97	\$296.55	\$341.03	\$307.46	\$353.58
47	\$306.23	\$352.16	\$309.00	\$355.35	\$320.37	\$368.43
48	\$320.33	\$368.38	\$323.24	\$371.72	\$335.13	\$385.40
49	\$334.24	\$384.38	\$337.27	\$387.86	\$349.69	\$402.14
50	\$349.92	\$402.41	\$353.09	\$406.05	\$366.08	\$421.00
51	\$365.40	\$420.20	\$368.71	\$424.01	\$382.28	\$439.62
52	\$382.44	\$439.81	\$385.91	\$443.79	\$400.11	\$460.13
53	\$399.68	\$459.63	\$403.30	\$463.80	\$418.15	\$480.87
54	\$418.29	\$481.04	\$422.08	\$485.40	\$437.62	\$503.26
55	\$436.91	\$502.44	\$440.87	\$507.00	\$457.09	\$525.66
56	\$457.09	\$525.65	\$461.23	\$530.41	\$478.20	\$549.93
57	\$477.46	\$549.08	\$481.79	\$554.06	\$499.52	\$574.45
58	\$499.21	\$574.09	\$503.73	\$579.29	\$522.27	\$600.61
59	\$509.99	\$586.48	\$514.61	\$591.80	\$533.55	\$613.58
60	\$531.73	\$611.49	\$536.55	\$617.03	\$556.30	\$639.74
61	\$550.54	\$633.12	\$555.53	\$638.86	\$575.98	\$662.37
62	\$562.89	\$647.32	\$567.98	\$653.18	\$588.89	\$677.22
63	\$578.36	\$665.12	\$583.60	\$671.14	\$605.08	\$695.85
64	\$587.76	\$675.93	\$593.10	\$682.05	\$614.91	\$707.16
65 and over	\$587.76	\$675.93	\$593.10	\$682.05	\$614.91	\$707.16



**Regence BlueShield**  
**Individual Rates**  
**Rates Effective January 1, 2015**

**Rating Area 2**

HIOS ID	87718WA0680001		87718WA0770001		87718WA1300002	
Exchange Status	Off Exchange		Off Exchange		Off Exchange	
Plan Name	Regence Direct Gold		Regence Direct Gold with Dental, Vision, Individual Assistance Program (IAP)		Regence Direct Gold+ High	
Network	Preferred Plan Provider Network		Preferred Plan Provider Network		Preferred Plan Provider Network	
Metal Level	Gold		Gold		Gold	
Benefits	Base Only		Base with Dental, Vision, Individual Assistance Program		Base Only	
Age	Non-Tobacco	Tobacco	Non-Tobacco	Tobacco	Non-Tobacco	Tobacco
0-20	\$191.89	\$191.89	\$208.97	\$208.97	\$201.21	\$201.21
21	\$302.18	\$347.51	\$329.09	\$378.45	\$316.87	\$364.40
22	\$302.18	\$347.51	\$329.09	\$378.45	\$316.87	\$364.40
23	\$302.18	\$347.51	\$329.09	\$378.45	\$316.87	\$364.40
24	\$302.18	\$347.51	\$329.09	\$378.45	\$316.87	\$364.40
25	\$303.39	\$348.90	\$330.40	\$379.96	\$318.14	\$365.86
26	\$309.43	\$355.85	\$336.99	\$387.53	\$324.48	\$373.15
27	\$316.69	\$364.19	\$344.88	\$396.62	\$332.08	\$381.89
28	\$328.47	\$377.74	\$357.72	\$411.38	\$344.44	\$396.10
29	\$338.14	\$388.86	\$368.25	\$423.49	\$354.58	\$407.76
30	\$342.98	\$394.42	\$373.51	\$429.54	\$359.65	\$413.59
31	\$350.23	\$402.76	\$381.41	\$438.62	\$367.25	\$422.34
32	\$357.48	\$411.10	\$389.31	\$447.71	\$374.86	\$431.09
33	\$362.01	\$416.32	\$394.25	\$453.38	\$379.61	\$436.55
34	\$366.85	\$421.88	\$399.51	\$459.44	\$384.68	\$442.38
35	\$369.27	\$424.66	\$402.14	\$462.47	\$387.22	\$445.30
36	\$371.68	\$427.44	\$404.78	\$465.49	\$389.75	\$448.21
37	\$374.10	\$430.22	\$407.41	\$468.52	\$392.29	\$451.13
38	\$376.52	\$433.00	\$410.04	\$471.55	\$394.82	\$454.04
39	\$381.35	\$438.56	\$415.31	\$477.60	\$399.89	\$459.87
40	\$386.19	\$444.12	\$420.57	\$483.66	\$404.96	\$465.70
41	\$393.44	\$452.46	\$428.47	\$492.74	\$412.57	\$474.45
42	\$400.39	\$460.45	\$436.04	\$501.45	\$419.85	\$482.83
43	\$410.06	\$471.57	\$446.57	\$513.56	\$429.99	\$494.49
44	\$422.15	\$485.47	\$459.74	\$528.70	\$442.67	\$509.07
45	\$436.35	\$501.80	\$475.20	\$546.48	\$457.56	\$526.19
46	\$453.27	\$521.26	\$493.63	\$567.68	\$475.31	\$546.60
47	\$472.31	\$543.16	\$514.36	\$591.52	\$495.27	\$569.56
48	\$494.07	\$568.18	\$538.06	\$618.77	\$518.08	\$595.80
49	\$515.52	\$592.85	\$561.42	\$645.64	\$540.58	\$621.67
50	\$539.70	\$620.65	\$587.75	\$675.91	\$565.93	\$650.82
51	\$563.57	\$648.11	\$613.75	\$705.81	\$590.96	\$679.61
52	\$589.86	\$678.34	\$642.38	\$738.74	\$618.53	\$711.31
53	\$616.45	\$708.92	\$671.34	\$772.04	\$646.42	\$743.38
54	\$645.16	\$741.93	\$702.60	\$807.99	\$676.52	\$778.00
55	\$673.87	\$774.95	\$733.87	\$843.94	\$706.62	\$812.61
56	\$704.99	\$810.74	\$767.76	\$882.93	\$739.26	\$850.15
57	\$736.42	\$846.88	\$801.99	\$922.28	\$772.21	\$888.04
58	\$769.96	\$885.46	\$838.52	\$964.29	\$807.39	\$928.49
59	\$786.58	\$904.57	\$856.61	\$985.11	\$824.81	\$948.54
60	\$820.12	\$943.14	\$893.14	\$1,027.12	\$859.99	\$988.98
61	\$849.13	\$976.50	\$924.74	\$1,063.45	\$890.41	\$1,023.97
62	\$868.17	\$998.40	\$945.47	\$1,087.29	\$910.37	\$1,046.92
63	\$892.04	\$1,025.85	\$971.47	\$1,117.19	\$935.40	\$1,075.71
64	\$906.54	\$1,042.53	\$987.27	\$1,135.35	\$950.61	\$1,093.20
65 and over	\$906.54	\$1,042.53	\$987.27	\$1,135.35	\$950.61	\$1,093.20

**Regence BlueShield**  
**Individual Rates**  
**Rates Effective January 1, 2015**

**Rating Area 2**

HIOS ID	87718WA1330002		87718WA1300001		87718WA1330001	
Exchange Status	Off Exchange		Off Exchange		Off Exchange	
Plan Name	Regence Direct Gold+ High with Dental, Vision, Individual Assistance Program (IAP)		Regence Direct Platinum High		Regence Direct Platinum High with Dental, Vision, Individual Assistance Program (IAP)	
Network	Preferred Plan Provider Network		Preferred Plan Provider Network		Preferred Plan Provider Network	
Metal Level	Gold		Platinum		Platinum	
Benefits	Base with Dental, Vision, Individual Assistance Program		Base Only		Base with Dental, Vision, Individual Assistance Program	
Age	Non-Tobacco	Tobacco	Non-Tobacco	Tobacco	Non-Tobacco	Tobacco
0-20	\$219.11	\$219.11	\$225.62	\$225.62	\$245.69	\$245.69
21	\$345.06	\$396.82	\$355.31	\$408.60	\$386.91	\$444.95
22	\$345.06	\$396.82	\$355.31	\$408.60	\$386.91	\$444.95
23	\$345.06	\$396.82	\$355.31	\$408.60	\$386.91	\$444.95
24	\$345.06	\$396.82	\$355.31	\$408.60	\$386.91	\$444.95
25	\$346.44	\$398.41	\$356.73	\$410.24	\$388.46	\$446.73
26	\$353.34	\$406.35	\$363.83	\$418.41	\$396.20	\$455.63
27	\$361.63	\$415.87	\$372.36	\$428.22	\$405.49	\$466.31
28	\$375.08	\$431.35	\$386.22	\$444.15	\$420.58	\$483.66
29	\$386.12	\$444.04	\$397.59	\$457.23	\$432.96	\$497.90
30	\$391.65	\$450.39	\$403.27	\$463.76	\$439.15	\$505.02
31	\$399.93	\$459.92	\$411.80	\$473.57	\$448.43	\$515.70
32	\$408.21	\$469.44	\$420.33	\$483.38	\$457.72	\$526.38
33	\$413.38	\$475.39	\$425.66	\$489.51	\$463.52	\$533.05
34	\$418.91	\$481.74	\$431.34	\$496.04	\$469.71	\$540.17
35	\$421.67	\$484.92	\$434.19	\$499.31	\$472.81	\$543.73
36	\$424.43	\$488.09	\$437.03	\$502.58	\$475.90	\$547.29
37	\$427.19	\$491.27	\$439.87	\$505.85	\$479.00	\$550.85
38	\$429.95	\$494.44	\$442.71	\$509.12	\$482.10	\$554.41
39	\$435.47	\$500.79	\$448.40	\$515.66	\$488.29	\$561.53
40	\$440.99	\$507.14	\$454.08	\$522.20	\$494.48	\$568.65
41	\$449.27	\$516.66	\$462.61	\$532.00	\$503.76	\$579.33
42	\$457.21	\$525.79	\$470.78	\$541.40	\$512.66	\$589.56
43	\$468.25	\$538.49	\$482.15	\$554.47	\$525.04	\$603.80
44	\$482.05	\$554.36	\$496.36	\$570.82	\$540.52	\$621.60
45	\$498.27	\$573.01	\$513.06	\$590.02	\$558.70	\$642.51
46	\$517.59	\$595.23	\$532.96	\$612.91	\$580.37	\$667.43
47	\$539.33	\$620.23	\$555.35	\$638.65	\$604.75	\$695.46
48	\$564.18	\$648.80	\$580.93	\$668.07	\$632.61	\$727.50
49	\$588.68	\$676.98	\$606.15	\$697.08	\$660.08	\$759.09
50	\$616.28	\$708.72	\$634.58	\$729.77	\$691.03	\$794.68
51	\$643.54	\$740.07	\$662.65	\$762.05	\$721.60	\$829.83
52	\$673.56	\$774.60	\$693.56	\$797.59	\$755.26	\$868.55
53	\$703.93	\$809.52	\$724.83	\$833.55	\$789.31	\$907.70
54	\$736.71	\$847.21	\$758.58	\$872.37	\$826.06	\$949.97
55	\$769.49	\$884.91	\$792.34	\$911.19	\$862.82	\$992.24
56	\$805.03	\$925.79	\$828.93	\$953.27	\$902.67	\$1,038.07
57	\$840.92	\$967.05	\$865.88	\$995.77	\$942.91	\$1,084.35
58	\$879.22	\$1,011.10	\$905.32	\$1,041.12	\$985.86	\$1,133.74
59	\$898.20	\$1,032.93	\$924.87	\$1,063.59	\$1,007.14	\$1,158.21
60	\$936.50	\$1,076.97	\$964.30	\$1,108.95	\$1,050.09	\$1,207.60
61	\$969.63	\$1,115.07	\$998.41	\$1,148.18	\$1,087.23	\$1,250.31
62	\$991.36	\$1,140.07	\$1,020.80	\$1,173.92	\$1,111.61	\$1,278.35
63	\$1,018.62	\$1,171.42	\$1,048.87	\$1,206.20	\$1,142.17	\$1,313.50
64	\$1,035.18	\$1,190.46	\$1,065.93	\$1,225.80	\$1,160.73	\$1,334.85
65 and over	\$1,035.18	\$1,190.46	\$1,065.93	\$1,225.80	\$1,160.73	\$1,334.85

**Regence BlueShield**  
**Individual Rates**  
**Rates Effective January 1, 2015**

**Rating Area 2**

HIOS ID	87718WA0680002		87718WA1320001		87718WA0770002	
Exchange Status	Off Exchange		Off Exchange		Off Exchange	
Plan Name	Regence Direct Silver		Regence Direct Silver HSA		Regence Direct Silver with Dental, Vision, Individual Assistance Program (IAP)	
Network	Preferred Plan Provider Network		Preferred Plan Provider Network		Preferred Plan Provider Network	
Metal Level	Silver		Silver		Silver	
Benefits	Base Only		Base Only		Base with Dental, Vision, Individual Assistance Program	
Age	Non-Tobacco	Tobacco	Non-Tobacco	Tobacco	Non-Tobacco	Tobacco
0-20	\$165.33	\$165.33	\$145.47	\$145.47	\$180.04	\$180.04
21	\$260.36	\$299.42	\$229.09	\$263.45	\$283.53	\$326.06
22	\$260.36	\$299.42	\$229.09	\$263.45	\$283.53	\$326.06
23	\$260.36	\$299.42	\$229.09	\$263.45	\$283.53	\$326.06
24	\$260.36	\$299.42	\$229.09	\$263.45	\$283.53	\$326.06
25	\$261.40	\$300.61	\$230.00	\$264.50	\$284.66	\$327.36
26	\$266.61	\$306.60	\$234.58	\$269.77	\$290.33	\$333.88
27	\$272.86	\$313.79	\$240.08	\$276.10	\$297.14	\$341.71
28	\$283.01	\$325.46	\$249.02	\$286.37	\$308.20	\$354.43
29	\$291.34	\$335.05	\$256.35	\$294.80	\$317.27	\$364.86
30	\$295.51	\$339.84	\$260.01	\$299.02	\$321.81	\$370.08
31	\$301.76	\$347.02	\$265.51	\$305.34	\$328.61	\$377.90
32	\$308.01	\$354.21	\$271.01	\$311.66	\$335.42	\$385.73
33	\$311.91	\$358.70	\$274.45	\$315.61	\$339.67	\$390.62
34	\$316.08	\$363.49	\$278.11	\$319.83	\$344.21	\$395.84
35	\$318.16	\$365.89	\$279.94	\$321.94	\$346.47	\$398.44
36	\$320.24	\$368.28	\$281.78	\$324.04	\$348.74	\$401.05
37	\$322.33	\$370.68	\$283.61	\$326.15	\$351.01	\$403.66
38	\$324.41	\$373.07	\$285.44	\$328.26	\$353.28	\$406.27
39	\$328.58	\$377.86	\$289.11	\$332.47	\$357.81	\$411.49
40	\$332.74	\$382.65	\$292.77	\$336.69	\$362.35	\$416.70
41	\$338.99	\$389.84	\$298.27	\$343.01	\$369.16	\$424.53
42	\$344.98	\$396.73	\$303.54	\$349.07	\$375.68	\$432.03
43	\$353.31	\$406.31	\$310.87	\$357.50	\$384.75	\$442.46
44	\$363.73	\$418.28	\$320.03	\$368.04	\$396.09	\$455.50
45	\$375.96	\$432.36	\$330.80	\$380.42	\$409.42	\$470.83
46	\$390.54	\$449.12	\$343.63	\$395.17	\$425.29	\$489.09
47	\$406.95	\$467.99	\$358.06	\$411.77	\$443.16	\$509.63
48	\$425.69	\$489.54	\$374.56	\$430.74	\$463.57	\$533.11
49	\$444.18	\$510.80	\$390.82	\$449.45	\$483.70	\$556.26
50	\$465.01	\$534.76	\$409.15	\$470.52	\$506.38	\$582.34
51	\$485.57	\$558.41	\$427.25	\$491.33	\$528.78	\$608.10
52	\$508.23	\$584.46	\$447.18	\$514.25	\$553.45	\$636.47
53	\$531.14	\$610.81	\$467.34	\$537.44	\$578.40	\$665.16
54	\$555.87	\$639.25	\$489.10	\$562.46	\$605.34	\$696.14
55	\$580.61	\$667.70	\$510.86	\$587.49	\$632.27	\$727.11
56	\$607.42	\$698.54	\$534.46	\$614.63	\$661.47	\$760.70
57	\$634.50	\$729.68	\$558.28	\$642.03	\$690.96	\$794.61
58	\$663.40	\$762.91	\$583.71	\$671.27	\$722.43	\$830.80
59	\$677.72	\$779.38	\$596.31	\$685.76	\$738.03	\$848.73
60	\$706.62	\$812.61	\$621.74	\$715.00	\$769.50	\$884.92
61	\$731.62	\$841.36	\$643.73	\$740.29	\$796.72	\$916.23
62	\$748.02	\$860.22	\$658.17	\$756.89	\$814.58	\$936.77
63	\$768.59	\$883.88	\$676.26	\$777.70	\$836.98	\$962.53
64	\$781.08	\$898.26	\$687.27	\$790.35	\$850.59	\$978.18
65 and over	\$781.08	\$898.26	\$687.27	\$790.35	\$850.59	\$978.18

**Regence BlueShield**  
**Individual Rates**  
**Rates Effective January 1, 2015**

**Rating Area 2**

HIOS ID	87718WA1310001		87718WA1340001		87718WA1470001	
Exchange Status	Off Exchange		Off Exchange		Off Exchange	
Plan Name	Regence Direct Silver+		Regence Direct Silver+ with Dental, Vision, Individual Assistance Program (IAP)		Regence Direct Bronze HSA+ MultiCare Health System	
Network	Preferred Plan Provider Network		Preferred Plan Provider Network		MultiCare Health System	
Metal Level	Silver		Silver		Bronze	
Benefits	Base Only		Base with Dental, Vision, Individual Assistance Program		Base Only	
Age	Non-Tobacco	Tobacco	Non-Tobacco	Tobacco	Non-Tobacco	Tobacco
0-20	\$175.37	\$175.37	\$190.98	\$190.98	\$126.78	\$126.78
21	\$276.18	\$317.61	\$300.75	\$345.86	\$199.66	\$229.61
22	\$276.18	\$317.61	\$300.75	\$345.86	\$199.66	\$229.61
23	\$276.18	\$317.61	\$300.75	\$345.86	\$199.66	\$229.61
24	\$276.18	\$317.61	\$300.75	\$345.86	\$199.66	\$229.61
25	\$277.29	\$318.88	\$301.95	\$347.25	\$200.46	\$230.53
26	\$282.81	\$325.23	\$307.97	\$354.16	\$204.45	\$235.12
27	\$289.44	\$332.85	\$315.19	\$362.46	\$209.24	\$240.63
28	\$300.21	\$345.24	\$326.92	\$375.95	\$217.03	\$249.58
29	\$309.05	\$355.40	\$336.54	\$387.02	\$223.42	\$256.93
30	\$313.47	\$360.48	\$341.35	\$392.55	\$226.61	\$260.61
31	\$320.09	\$368.11	\$348.57	\$400.85	\$231.41	\$266.12
32	\$326.72	\$375.73	\$355.79	\$409.16	\$236.20	\$271.63
33	\$330.86	\$380.49	\$360.30	\$414.34	\$239.19	\$275.07
34	\$335.28	\$385.58	\$365.11	\$419.88	\$242.39	\$278.74
35	\$337.49	\$388.12	\$367.52	\$422.64	\$243.98	\$280.58
36	\$339.70	\$390.66	\$369.92	\$425.41	\$245.58	\$282.42
37	\$341.91	\$393.20	\$372.33	\$428.18	\$247.18	\$284.25
38	\$344.12	\$395.74	\$374.73	\$430.94	\$248.78	\$286.09
39	\$348.54	\$400.82	\$379.55	\$436.48	\$251.97	\$289.77
40	\$352.96	\$405.90	\$384.36	\$442.01	\$255.16	\$293.44
41	\$359.59	\$413.53	\$391.58	\$450.31	\$259.96	\$298.95
42	\$365.94	\$420.83	\$398.49	\$458.27	\$264.55	\$304.23
43	\$374.78	\$430.99	\$408.12	\$469.34	\$270.94	\$311.58
44	\$385.82	\$443.70	\$420.15	\$483.17	\$278.92	\$320.76
45	\$398.80	\$458.63	\$434.28	\$499.43	\$288.31	\$331.55
46	\$414.27	\$476.41	\$451.13	\$518.79	\$299.49	\$344.41
47	\$431.67	\$496.42	\$470.07	\$540.58	\$312.07	\$358.88
48	\$451.56	\$519.29	\$491.73	\$565.49	\$326.44	\$375.41
49	\$471.16	\$541.84	\$513.08	\$590.04	\$340.62	\$391.71
50	\$493.26	\$567.25	\$537.14	\$617.71	\$356.59	\$410.08
51	\$515.08	\$592.34	\$560.90	\$645.03	\$372.36	\$428.22
52	\$539.10	\$619.97	\$587.06	\$675.12	\$389.73	\$448.20
53	\$563.41	\$647.92	\$613.53	\$705.56	\$407.30	\$468.40
54	\$589.65	\$678.09	\$642.10	\$738.42	\$426.27	\$490.21
55	\$615.88	\$708.27	\$670.67	\$771.27	\$445.24	\$512.03
56	\$644.33	\$740.98	\$701.65	\$806.90	\$465.81	\$535.68
57	\$673.05	\$774.01	\$732.93	\$842.87	\$486.57	\$559.56
58	\$703.71	\$809.26	\$766.31	\$881.26	\$508.73	\$585.04
59	\$718.90	\$826.73	\$782.85	\$900.28	\$519.71	\$597.67
60	\$749.55	\$861.99	\$816.24	\$938.67	\$541.88	\$623.16
61	\$776.07	\$892.48	\$845.11	\$971.87	\$561.04	\$645.20
62	\$793.47	\$912.49	\$864.06	\$993.66	\$573.62	\$659.66
63	\$815.29	\$937.58	\$887.81	\$1,020.99	\$589.39	\$677.80
64	\$828.54	\$952.83	\$902.25	\$1,037.58	\$598.98	\$688.83
65 and over	\$828.54	\$952.83	\$902.25	\$1,037.58	\$598.98	\$688.83

**Regence BlueShield**  
**Individual Rates**  
**Rates Effective January 1, 2015**

**Rating Area 2**

HIOS ID	87718WA1450001		87718WA1460001		87718WA1450002	
Exchange Status	Off Exchange		Off Exchange		Off Exchange	
Plan Name	Regence Direct Gold+ High MultiCare Health System		Regence Direct Gold+ High MultiCare Health System with Dental, Vision, Individual Assistance Program (IAP)		Regence Direct Platinum High MultiCare Health System	
Network	MultiCare Health System		MultiCare Health System		MultiCare Health System	
Metal Level	Gold		Gold		Platinum	
Benefits	Base Only		Base with Dental, Vision, Individual Assistance Program		Base Only	
Age	Non-Tobacco	Tobacco	Non-Tobacco	Tobacco	Non-Tobacco	Tobacco
0-20	\$195.98	\$195.98	\$213.42	\$213.42	\$219.76	\$219.76
21	\$308.63	\$354.92	\$336.09	\$386.51	\$346.08	\$397.99
22	\$308.63	\$354.92	\$336.09	\$386.51	\$346.08	\$397.99
23	\$308.63	\$354.92	\$336.09	\$386.51	\$346.08	\$397.99
24	\$308.63	\$354.92	\$336.09	\$386.51	\$346.08	\$397.99
25	\$309.86	\$356.34	\$337.44	\$388.05	\$347.46	\$399.58
26	\$316.04	\$363.44	\$344.16	\$395.78	\$354.39	\$407.54
27	\$323.44	\$371.96	\$352.23	\$405.06	\$362.69	\$417.10
28	\$335.48	\$385.80	\$365.33	\$420.13	\$376.19	\$432.62
29	\$345.36	\$397.16	\$376.09	\$432.50	\$387.26	\$445.35
30	\$350.29	\$402.84	\$381.47	\$438.69	\$392.80	\$451.72
31	\$357.70	\$411.36	\$389.53	\$447.96	\$401.11	\$461.27
32	\$365.11	\$419.87	\$397.60	\$457.24	\$409.41	\$470.82
33	\$369.74	\$425.20	\$402.64	\$463.04	\$414.60	\$476.79
34	\$374.68	\$430.88	\$408.02	\$469.22	\$420.14	\$483.16
35	\$377.14	\$433.72	\$410.71	\$472.31	\$422.91	\$486.35
36	\$379.61	\$436.56	\$413.40	\$475.40	\$425.68	\$489.53
37	\$382.08	\$439.39	\$416.08	\$478.50	\$428.45	\$492.71
38	\$384.55	\$442.23	\$418.77	\$481.59	\$431.22	\$495.90
39	\$389.49	\$447.91	\$424.15	\$487.77	\$436.75	\$502.27
40	\$394.43	\$453.59	\$429.53	\$493.96	\$442.29	\$508.63
41	\$401.83	\$462.11	\$437.59	\$503.23	\$450.60	\$518.18
42	\$408.93	\$470.27	\$445.32	\$512.12	\$458.56	\$527.34
43	\$418.81	\$481.63	\$456.08	\$524.49	\$469.63	\$540.07
44	\$431.15	\$495.83	\$469.52	\$539.95	\$483.47	\$555.99
45	\$445.66	\$512.51	\$485.32	\$558.12	\$499.74	\$574.70
46	\$462.94	\$532.38	\$504.14	\$579.76	\$519.12	\$596.99
47	\$482.39	\$554.74	\$525.31	\$604.11	\$540.92	\$622.06
48	\$504.61	\$580.30	\$549.51	\$631.94	\$565.84	\$650.72
49	\$526.52	\$605.50	\$573.38	\$659.38	\$590.41	\$678.97
50	\$551.21	\$633.89	\$600.26	\$690.30	\$618.10	\$710.81
51	\$575.59	\$661.93	\$626.82	\$720.84	\$645.44	\$742.25
52	\$602.44	\$692.81	\$656.06	\$754.46	\$675.55	\$776.88
53	\$629.60	\$724.04	\$685.63	\$788.48	\$706.00	\$811.90
54	\$658.92	\$757.76	\$717.56	\$825.19	\$738.88	\$849.71
55	\$688.24	\$791.48	\$749.49	\$861.91	\$771.76	\$887.52
56	\$720.03	\$828.03	\$784.11	\$901.72	\$807.40	\$928.51
57	\$752.13	\$864.95	\$819.06	\$941.92	\$843.40	\$969.91
58	\$786.39	\$904.34	\$856.37	\$984.82	\$881.81	\$1,014.08
59	\$803.36	\$923.86	\$874.85	\$1,006.08	\$900.85	\$1,035.97
60	\$837.62	\$963.26	\$912.16	\$1,048.98	\$939.26	\$1,080.15
61	\$867.25	\$997.33	\$944.42	\$1,086.09	\$972.48	\$1,118.36
62	\$886.69	\$1,019.69	\$965.60	\$1,110.44	\$994.29	\$1,143.43
63	\$911.07	\$1,047.73	\$992.15	\$1,140.97	\$1,021.63	\$1,174.87
64	\$925.89	\$1,064.76	\$1,008.27	\$1,159.53	\$1,038.24	\$1,193.97
65 and over	\$925.89	\$1,064.76	\$1,008.27	\$1,159.53	\$1,038.24	\$1,193.97

**Regence BlueShield**  
**Individual Rates**  
**Rates Effective January 1, 2015**

**Rating Area 2**

HIOS ID	87718WA1460002		87718WA1840001		87718WA1490001	
Exchange Status	Off Exchange		Off Exchange		Off Exchange	
Plan Name	Regence Direct Platinum High MultiCare Health System with Dental, Vision, Individual Assistance Program (IAP)		Regence Direct Silver HSA MultiCare Health System		Regence Direct Silver+ MultiCare Health System	
Network	MultiCare Health System		MultiCare Health System		MultiCare Health System	
Metal Level	Platinum		Silver		Silver	
Benefits	Base with Dental, Vision, Individual Assistance Program		Base Only		Base Only	
Age	Non-Tobacco	Tobacco	Non-Tobacco	Tobacco	Non-Tobacco	Tobacco
0-20	\$239.30	\$239.30	\$141.69	\$141.69	\$170.81	\$170.81
21	\$376.86	\$433.38	\$223.13	\$256.60	\$268.99	\$309.34
22	\$376.86	\$433.38	\$223.13	\$256.60	\$268.99	\$309.34
23	\$376.86	\$433.38	\$223.13	\$256.60	\$268.99	\$309.34
24	\$376.86	\$433.38	\$223.13	\$256.60	\$268.99	\$309.34
25	\$378.36	\$435.12	\$224.02	\$257.62	\$270.06	\$310.57
26	\$385.90	\$443.79	\$228.48	\$262.76	\$275.44	\$316.76
27	\$394.95	\$454.19	\$233.84	\$268.91	\$281.90	\$324.18
28	\$409.64	\$471.09	\$242.54	\$278.92	\$292.39	\$336.25
29	\$421.70	\$484.96	\$249.68	\$287.13	\$301.00	\$346.15
30	\$427.73	\$491.89	\$253.25	\$291.24	\$305.30	\$351.10
31	\$436.78	\$502.29	\$258.61	\$297.40	\$311.76	\$358.52
32	\$445.82	\$512.69	\$263.96	\$303.56	\$318.21	\$365.94
33	\$451.47	\$519.19	\$267.31	\$307.40	\$322.25	\$370.58
34	\$457.50	\$526.13	\$270.88	\$311.51	\$326.55	\$375.53
35	\$460.52	\$529.60	\$272.66	\$313.56	\$328.70	\$378.01
36	\$463.53	\$533.06	\$274.45	\$315.62	\$330.85	\$380.48
37	\$466.55	\$536.53	\$276.23	\$317.67	\$333.01	\$382.96
38	\$469.56	\$540.00	\$278.02	\$319.72	\$335.16	\$385.43
39	\$475.59	\$546.93	\$281.59	\$323.83	\$339.46	\$390.38
40	\$481.62	\$553.87	\$285.16	\$327.93	\$343.77	\$395.33
41	\$490.67	\$564.27	\$290.51	\$334.09	\$350.22	\$402.75
42	\$499.33	\$574.23	\$295.65	\$339.99	\$356.41	\$409.87
43	\$511.39	\$588.10	\$302.79	\$348.20	\$365.02	\$419.77
44	\$526.47	\$605.44	\$311.71	\$358.47	\$375.78	\$432.14
45	\$544.18	\$625.81	\$322.20	\$370.53	\$388.42	\$446.68
46	\$565.28	\$650.08	\$334.69	\$384.90	\$403.48	\$464.00
47	\$589.03	\$677.38	\$348.75	\$401.06	\$420.43	\$483.49
48	\$616.16	\$708.58	\$364.82	\$419.54	\$439.79	\$505.76
49	\$642.92	\$739.35	\$380.66	\$437.76	\$458.89	\$527.73
50	\$673.07	\$774.03	\$398.51	\$458.28	\$480.41	\$552.47
51	\$702.84	\$808.26	\$416.13	\$478.55	\$501.66	\$576.91
52	\$735.62	\$845.97	\$435.55	\$500.88	\$525.06	\$603.82
53	\$768.79	\$884.10	\$455.18	\$523.46	\$548.73	\$631.04
54	\$804.59	\$925.28	\$476.38	\$547.84	\$574.29	\$660.43
55	\$840.39	\$966.45	\$497.58	\$572.21	\$599.84	\$689.82
56	\$879.21	\$1,011.09	\$520.56	\$598.64	\$627.55	\$721.68
57	\$918.40	\$1,056.16	\$543.76	\$625.33	\$655.52	\$753.85
58	\$960.23	\$1,104.26	\$568.53	\$653.81	\$685.38	\$788.19
59	\$980.96	\$1,128.10	\$580.80	\$667.92	\$700.17	\$805.20
60	\$1,022.79	\$1,176.21	\$605.57	\$696.41	\$730.03	\$839.54
61	\$1,058.97	\$1,217.81	\$626.99	\$721.04	\$755.85	\$869.23
62	\$1,082.71	\$1,245.11	\$641.05	\$737.21	\$772.80	\$888.72
63	\$1,112.48	\$1,279.35	\$658.68	\$757.48	\$794.05	\$913.16
64	\$1,130.58	\$1,300.14	\$669.39	\$769.80	\$806.97	\$928.02
65 and over	\$1,130.58	\$1,300.14	\$669.39	\$769.80	\$806.97	\$928.02



**Regence BlueShield**  
**Individual Rates**  
**Rates Effective January 1, 2015**

**Rating Area 2**

HIOS ID	87718WA1500001		87718WA1370001		87718WA1350002	
Exchange Status	Off Exchange		Off Exchange		Off Exchange	
Plan Name	Regence Direct Silver+ MultiCare Health System with Dental, Vision, Individual Assistance Program (IAP)		Regence Direct Bronze HSA+ The Everett Clinic		Regence Direct Gold+ High The Everett Clinic	
Network	MultiCare Health System		The Everett Clinic		The Everett Clinic	
Metal Level	Silver		Bronze		Gold	
Benefits	Base with Dental, Vision, Individual Assistance Program		Base Only		Base Only	
Age	Non-Tobacco	Tobacco	Non-Tobacco	Tobacco	Non-Tobacco	Tobacco
0-20	\$186.02	\$186.02	\$123.38	\$123.38	\$190.76	\$190.76
21	\$292.94	\$336.89	\$194.30	\$223.45	\$300.41	\$345.47
22	\$292.94	\$336.89	\$194.30	\$223.45	\$300.41	\$345.47
23	\$292.94	\$336.89	\$194.30	\$223.45	\$300.41	\$345.47
24	\$292.94	\$336.89	\$194.30	\$223.45	\$300.41	\$345.47
25	\$294.12	\$338.23	\$195.08	\$224.34	\$301.61	\$346.85
26	\$299.98	\$344.97	\$198.97	\$228.81	\$307.62	\$353.76
27	\$307.01	\$353.06	\$203.63	\$234.17	\$314.83	\$362.05
28	\$318.43	\$366.20	\$211.21	\$242.89	\$326.54	\$375.52
29	\$327.80	\$376.98	\$217.43	\$250.04	\$336.16	\$386.58
30	\$332.49	\$382.37	\$220.53	\$253.61	\$340.96	\$392.11
31	\$339.52	\$390.45	\$225.20	\$258.98	\$348.17	\$400.40
32	\$346.55	\$398.54	\$229.86	\$264.34	\$355.38	\$408.69
33	\$350.95	\$403.59	\$232.78	\$267.69	\$359.89	\$413.87
34	\$355.63	\$408.98	\$235.88	\$271.27	\$364.69	\$419.40
35	\$357.98	\$411.67	\$237.44	\$273.05	\$367.10	\$422.16
36	\$360.32	\$414.37	\$238.99	\$274.84	\$369.50	\$424.93
37	\$362.67	\$417.06	\$240.55	\$276.63	\$371.90	\$427.69
38	\$365.01	\$419.76	\$242.10	\$278.42	\$374.31	\$430.45
39	\$369.70	\$425.15	\$245.21	\$281.99	\$379.11	\$435.98
40	\$374.38	\$430.54	\$248.32	\$285.57	\$383.92	\$441.51
41	\$381.41	\$438.63	\$252.98	\$290.93	\$391.13	\$449.80
42	\$388.15	\$446.37	\$257.45	\$296.07	\$398.04	\$457.75
43	\$397.53	\$457.15	\$263.67	\$303.22	\$407.65	\$468.80
44	\$409.24	\$470.63	\$271.44	\$312.16	\$419.67	\$482.62
45	\$423.01	\$486.46	\$280.57	\$322.66	\$433.79	\$498.86
46	\$439.42	\$505.33	\$291.45	\$335.17	\$450.61	\$518.20
47	\$457.87	\$526.55	\$303.70	\$349.25	\$469.54	\$539.97
48	\$478.96	\$550.81	\$317.69	\$365.34	\$491.17	\$564.84
49	\$499.76	\$574.73	\$331.48	\$381.20	\$512.50	\$589.37
50	\$523.20	\$601.68	\$347.03	\$399.08	\$536.53	\$617.01
51	\$546.34	\$628.29	\$362.38	\$416.73	\$560.26	\$644.30
52	\$571.83	\$657.60	\$379.28	\$436.17	\$586.40	\$674.35
53	\$597.61	\$687.25	\$396.38	\$455.84	\$612.83	\$704.76
54	\$625.44	\$719.25	\$414.84	\$477.06	\$641.37	\$737.58
55	\$653.27	\$751.26	\$433.30	\$498.29	\$669.91	\$770.40
56	\$683.44	\$785.96	\$453.31	\$521.31	\$700.85	\$805.98
57	\$713.91	\$820.99	\$473.52	\$544.54	\$732.09	\$841.91
58	\$746.42	\$858.39	\$495.08	\$569.35	\$765.44	\$880.25
59	\$762.53	\$876.91	\$505.77	\$581.64	\$781.96	\$899.26
60	\$795.05	\$914.31	\$527.34	\$606.44	\$815.31	\$937.60
61	\$823.17	\$946.65	\$545.99	\$627.89	\$844.15	\$970.77
62	\$841.63	\$967.87	\$558.23	\$641.97	\$863.07	\$992.53
63	\$864.77	\$994.49	\$573.58	\$659.62	\$886.80	\$1,019.82
64	\$878.82	\$1,010.67	\$582.90	\$670.35	\$901.23	\$1,036.41
65 and over	\$878.82	\$1,010.67	\$582.90	\$670.35	\$901.23	\$1,036.41

**Regence BlueShield**  
**Individual Rates**  
**Rates Effective January 1, 2015**

**Rating Area 2**

HIOS ID	87718WA1360001		87718WA1350001		87718WA1360002	
Exchange Status	Off Exchange		Off Exchange		Off Exchange	
Plan Name	Regence Direct Gold+ High The Everett Clinic with Dental, Vision, Individual Assistance Program (IAP)		Regence Direct Platinum High The Everett Clinic		Regence Direct Platinum High The Everett Clinic with Dental, Vision, Individual Assistance Program (IAP)	
Network	The Everett Clinic		The Everett Clinic		The Everett Clinic	
Metal Level	Gold		Platinum		Platinum	
Benefits	Base with Dental, Vision, Individual Assistance Program		Base Only		Base with Dental, Vision, Individual Assistance Program	
Age	Non-Tobacco	Tobacco	Non-Tobacco	Tobacco	Non-Tobacco	Tobacco
0-20	\$207.72	\$207.72	\$213.89	\$213.89	\$232.92	\$232.92
21	\$327.13	\$376.19	\$336.84	\$387.37	\$366.80	\$421.82
22	\$327.13	\$376.19	\$336.84	\$387.37	\$366.80	\$421.82
23	\$327.13	\$376.19	\$336.84	\$387.37	\$366.80	\$421.82
24	\$327.13	\$376.19	\$336.84	\$387.37	\$366.80	\$421.82
25	\$328.43	\$377.70	\$338.19	\$388.92	\$368.27	\$423.51
26	\$334.98	\$385.22	\$344.93	\$396.66	\$375.60	\$431.94
27	\$342.83	\$394.25	\$353.01	\$405.96	\$384.40	\$442.07
28	\$355.59	\$408.92	\$366.15	\$421.07	\$398.71	\$458.52
29	\$366.05	\$420.96	\$376.93	\$433.46	\$410.45	\$472.01
30	\$371.29	\$426.98	\$382.31	\$439.66	\$416.32	\$478.76
31	\$379.14	\$436.01	\$390.40	\$448.96	\$425.12	\$488.89
32	\$386.99	\$445.04	\$398.48	\$458.26	\$433.92	\$499.01
33	\$391.90	\$450.68	\$403.54	\$464.07	\$439.42	\$505.34
34	\$397.13	\$456.70	\$408.93	\$470.26	\$445.29	\$512.09
35	\$399.75	\$459.71	\$411.62	\$473.36	\$448.23	\$515.46
36	\$402.36	\$462.72	\$414.31	\$476.46	\$451.16	\$518.84
37	\$404.98	\$465.73	\$417.01	\$479.56	\$454.10	\$522.21
38	\$407.60	\$468.74	\$419.70	\$482.66	\$457.03	\$525.58
39	\$412.83	\$474.76	\$425.09	\$488.86	\$462.90	\$532.33
40	\$418.07	\$480.78	\$430.48	\$495.06	\$468.77	\$539.08
41	\$425.92	\$489.81	\$438.57	\$504.35	\$477.57	\$549.21
42	\$433.44	\$498.46	\$446.31	\$513.26	\$486.01	\$558.91
43	\$443.91	\$510.50	\$457.09	\$525.66	\$497.74	\$572.41
44	\$456.99	\$525.54	\$470.57	\$541.15	\$512.42	\$589.28
45	\$472.37	\$543.22	\$486.40	\$559.36	\$529.66	\$609.10
46	\$490.69	\$564.29	\$505.26	\$581.05	\$550.20	\$632.73
47	\$511.30	\$587.99	\$526.48	\$605.46	\$573.31	\$659.30
48	\$534.85	\$615.08	\$550.74	\$633.35	\$599.71	\$689.67
49	\$558.08	\$641.79	\$574.65	\$660.85	\$625.76	\$719.62
50	\$584.25	\$671.88	\$601.60	\$691.84	\$655.10	\$753.37
51	\$610.09	\$701.60	\$628.21	\$722.44	\$684.08	\$786.69
52	\$638.55	\$734.33	\$657.51	\$756.14	\$715.99	\$823.39
53	\$667.34	\$767.44	\$687.16	\$790.23	\$748.27	\$860.51
54	\$698.41	\$803.18	\$719.16	\$827.03	\$783.11	\$900.58
55	\$729.49	\$838.91	\$751.16	\$863.83	\$817.96	\$940.65
56	\$763.18	\$877.66	\$785.85	\$903.73	\$855.74	\$984.10
57	\$797.21	\$916.79	\$820.88	\$944.01	\$893.89	\$1,027.97
58	\$833.52	\$958.54	\$858.27	\$987.01	\$934.60	\$1,074.79
59	\$851.51	\$979.23	\$876.80	\$1,008.32	\$954.78	\$1,097.99
60	\$887.82	\$1,020.99	\$914.19	\$1,051.32	\$995.49	\$1,144.81
61	\$919.22	\$1,057.11	\$946.52	\$1,088.50	\$1,030.70	\$1,185.31
62	\$939.83	\$1,080.81	\$967.75	\$1,112.91	\$1,053.81	\$1,211.88
63	\$965.68	\$1,110.53	\$994.36	\$1,143.51	\$1,082.79	\$1,245.21
64	\$981.39	\$1,128.57	\$1,010.52	\$1,162.11	\$1,100.40	\$1,265.46
65 and over	\$981.39	\$1,128.57	\$1,010.52	\$1,162.11	\$1,100.40	\$1,265.46

**Regence BlueShield**  
**Individual Rates**  
**Rates Effective January 1, 2015**

**Rating Area 2**

HIOS ID	87718WA1820001		87718WA1380001		87718WA1390001	
Exchange Status	Off Exchange		Off Exchange		Off Exchange	
Plan Name	Regence Direct Silver HSA The Everett Clinic		Regence Direct Silver+ The Everett Clinic		Regence Direct Silver+ The Everett Clinic with Dental, Vision, Individual Assistance Program (IAP)	
Network	The Everett Clinic		The Everett Clinic		The Everett Clinic	
Metal Level	Silver		Silver		Silver	
Benefits	Base Only		Base Only		Base with Dental, Vision, Individual Assistance Program	
Age	Non-Tobacco	Tobacco	Non-Tobacco	Tobacco	Non-Tobacco	Tobacco
0-20	\$137.91	\$137.91	\$166.26	\$166.26	\$181.04	\$181.04
21	\$217.18	\$249.76	\$261.83	\$301.10	\$285.11	\$327.87
22	\$217.18	\$249.76	\$261.83	\$301.10	\$285.11	\$327.87
23	\$217.18	\$249.76	\$261.83	\$301.10	\$285.11	\$327.87
24	\$217.18	\$249.76	\$261.83	\$301.10	\$285.11	\$327.87
25	\$218.05	\$250.76	\$262.87	\$302.30	\$286.25	\$329.19
26	\$222.39	\$255.75	\$268.11	\$308.33	\$291.95	\$335.74
27	\$227.61	\$261.75	\$274.39	\$315.55	\$298.79	\$343.61
28	\$236.08	\$271.49	\$284.60	\$327.29	\$309.91	\$356.40
29	\$243.03	\$279.48	\$292.98	\$336.93	\$319.04	\$366.89
30	\$246.50	\$283.48	\$297.17	\$341.75	\$323.60	\$372.14
31	\$251.71	\$289.47	\$303.46	\$348.97	\$330.44	\$380.01
32	\$256.92	\$295.46	\$309.74	\$356.20	\$337.28	\$387.87
33	\$260.18	\$299.21	\$313.67	\$360.72	\$341.56	\$392.79
34	\$263.66	\$303.21	\$317.86	\$365.53	\$346.12	\$398.04
35	\$265.39	\$305.20	\$319.95	\$367.94	\$348.40	\$400.66
36	\$267.13	\$307.20	\$322.04	\$370.35	\$350.68	\$403.28
37	\$268.87	\$309.20	\$324.14	\$372.76	\$352.96	\$405.91
38	\$270.61	\$311.20	\$326.23	\$375.17	\$355.24	\$408.53
39	\$274.08	\$315.19	\$330.42	\$379.99	\$359.81	\$413.78
40	\$277.56	\$319.19	\$334.61	\$384.80	\$364.37	\$419.02
41	\$282.77	\$325.18	\$340.90	\$392.03	\$371.21	\$426.89
42	\$287.76	\$330.93	\$346.92	\$398.96	\$377.77	\$434.43
43	\$294.71	\$338.92	\$355.30	\$408.59	\$386.89	\$444.92
44	\$303.40	\$348.91	\$365.77	\$420.64	\$398.30	\$458.04
45	\$313.61	\$360.65	\$378.08	\$434.79	\$411.70	\$473.45
46	\$325.77	\$374.64	\$392.74	\$451.65	\$427.66	\$491.81
47	\$339.45	\$390.37	\$409.23	\$470.62	\$445.62	\$512.47
48	\$355.09	\$408.35	\$428.08	\$492.30	\$466.15	\$536.07
49	\$370.51	\$426.09	\$446.67	\$513.67	\$486.39	\$559.35
50	\$387.88	\$446.07	\$467.62	\$537.76	\$509.20	\$585.58
51	\$405.04	\$465.80	\$488.30	\$561.55	\$531.73	\$611.48
52	\$423.94	\$487.53	\$511.08	\$587.75	\$556.53	\$640.01
53	\$443.05	\$509.51	\$534.12	\$614.24	\$581.62	\$668.86
54	\$463.68	\$533.23	\$559.00	\$642.85	\$608.70	\$700.01
55	\$484.31	\$556.96	\$583.87	\$671.45	\$635.79	\$731.16
56	\$506.68	\$582.69	\$610.84	\$702.46	\$665.16	\$764.93
57	\$529.27	\$608.66	\$638.07	\$733.78	\$694.81	\$799.03
58	\$553.38	\$636.38	\$667.13	\$767.20	\$726.45	\$835.42
59	\$565.32	\$650.12	\$681.53	\$783.76	\$742.13	\$853.45
60	\$589.43	\$677.84	\$710.59	\$817.18	\$773.78	\$889.85
61	\$610.28	\$701.82	\$735.73	\$846.09	\$801.15	\$921.32
62	\$623.96	\$717.55	\$752.22	\$865.06	\$819.11	\$941.98
63	\$641.12	\$737.29	\$772.91	\$888.84	\$841.64	\$967.88
64	\$651.54	\$749.28	\$785.49	\$903.30	\$855.33	\$983.61
65 and over	\$651.54	\$749.28	\$785.49	\$903.30	\$855.33	\$983.61

**Regence BlueShield  
Individual Rates  
Rates Effective January 1, 2015**

**Rating Area 3**

HIOS ID	87718WA0860001		87718WA0870001		87718WA0860002	
Exchange Status	Off Exchange		Off Exchange		Off Exchange	
Plan Name	Regence Direct Bronze HSA		Regence Direct Bronze HSA with Dental, Vision, Individual Assistance Program (IAP)		Regence Direct Bronze HSA+	
Network	Preferred Plan Provider Network		Preferred Plan Provider Network		Preferred Plan Provider Network	
Metal Level	Bronze		Bronze		Bronze	
Benefits	Base Only		Base with Dental, Vision, Individual Assistance Program		Base Only	
Age	Non-Tobacco	Tobacco	Non-Tobacco	Tobacco	Non-Tobacco	Tobacco
0-20	\$123.21	\$123.21	\$124.33	\$124.33	\$128.90	\$128.90
21	\$194.04	\$223.14	\$195.79	\$225.16	\$203.00	\$233.45
22	\$194.04	\$223.14	\$195.79	\$225.16	\$203.00	\$233.45
23	\$194.04	\$223.14	\$195.79	\$225.16	\$203.00	\$233.45
24	\$194.04	\$223.14	\$195.79	\$225.16	\$203.00	\$233.45
25	\$194.81	\$224.03	\$196.58	\$226.06	\$203.81	\$234.38
26	\$198.69	\$228.50	\$200.49	\$230.57	\$207.87	\$239.05
27	\$203.35	\$233.85	\$205.19	\$235.97	\$212.74	\$244.65
28	\$210.92	\$242.55	\$212.83	\$244.75	\$220.66	\$253.76
29	\$217.13	\$249.69	\$219.09	\$251.96	\$227.16	\$261.23
30	\$220.23	\$253.26	\$222.22	\$255.56	\$230.40	\$264.96
31	\$224.89	\$258.62	\$226.92	\$260.96	\$235.28	\$270.57
32	\$229.54	\$263.97	\$231.62	\$266.37	\$240.15	\$276.17
33	\$232.45	\$267.32	\$234.56	\$269.74	\$243.19	\$279.67
34	\$235.56	\$270.89	\$237.69	\$273.35	\$246.44	\$283.41
35	\$237.11	\$272.68	\$239.26	\$275.15	\$248.06	\$285.27
36	\$238.66	\$274.46	\$240.83	\$276.95	\$249.69	\$287.14
37	\$240.22	\$276.25	\$242.39	\$278.75	\$251.31	\$289.01
38	\$241.77	\$278.03	\$243.96	\$280.55	\$252.94	\$290.88
39	\$244.87	\$281.60	\$247.09	\$284.15	\$256.18	\$294.61
40	\$247.98	\$285.17	\$250.22	\$287.76	\$259.43	\$298.35
41	\$252.63	\$290.53	\$254.92	\$293.16	\$264.30	\$303.95
42	\$257.10	\$295.66	\$259.43	\$298.34	\$268.97	\$309.32
43	\$263.31	\$302.80	\$265.69	\$305.54	\$275.47	\$316.79
44	\$271.07	\$311.73	\$273.52	\$314.55	\$283.59	\$326.13
45	\$280.19	\$322.21	\$282.72	\$325.13	\$293.13	\$337.10
46	\$291.05	\$334.71	\$293.69	\$337.74	\$304.50	\$350.17
47	\$303.28	\$348.77	\$306.02	\$351.93	\$317.29	\$364.88
48	\$317.25	\$364.83	\$320.12	\$368.14	\$331.90	\$381.69
49	\$331.02	\$380.68	\$334.02	\$384.13	\$346.32	\$398.26
50	\$346.55	\$398.53	\$349.69	\$402.14	\$362.56	\$416.94
51	\$361.88	\$416.16	\$365.15	\$419.93	\$378.59	\$435.38
52	\$378.76	\$435.57	\$382.19	\$439.52	\$396.25	\$455.69
53	\$395.83	\$455.21	\$399.42	\$459.33	\$414.12	\$476.24
54	\$414.26	\$476.40	\$418.02	\$480.72	\$433.40	\$498.41
55	\$432.70	\$497.60	\$436.62	\$502.11	\$452.69	\$520.59
56	\$452.68	\$520.59	\$456.78	\$525.30	\$473.60	\$544.64
57	\$472.86	\$543.79	\$477.15	\$548.72	\$494.71	\$568.92
58	\$494.40	\$568.56	\$498.88	\$573.71	\$517.24	\$594.83
59	\$505.07	\$580.83	\$509.65	\$586.10	\$528.41	\$607.67
60	\$526.61	\$605.60	\$531.38	\$611.09	\$550.94	\$633.58
61	\$545.24	\$627.02	\$550.18	\$632.70	\$570.43	\$655.99
62	\$557.46	\$641.08	\$562.51	\$646.89	\$583.22	\$670.70
63	\$572.79	\$658.71	\$577.98	\$664.68	\$599.25	\$689.14
64	\$582.12	\$669.42	\$587.37	\$675.48	\$609.00	\$700.35
65 and over	\$582.12	\$669.42	\$587.37	\$675.48	\$609.00	\$700.35

**Regence BlueShield**  
**Individual Rates**  
**Rates Effective January 1, 2015**

**Rating Area 3**

HIOS ID	87718WA0680001		87718WA0770001		87718WA1300002	
Exchange Status	Off Exchange		Off Exchange		Off Exchange	
Plan Name	Regence Direct Gold		Regence Direct Gold with Dental, Vision, Individual Assistance Program (IAP)		Regence Direct Gold+ High	
Network	Preferred Plan Provider Network		Preferred Plan Provider Network		Preferred Plan Provider Network	
Metal Level	Gold		Gold		Gold	
Benefits	Base Only		Base with Dental, Vision, Individual Assistance Program		Base Only	
Age	Non-Tobacco	Tobacco	Non-Tobacco	Tobacco	Non-Tobacco	Tobacco
0-20	\$190.04	\$190.04	\$206.96	\$206.96	\$199.27	\$199.27
21	\$299.27	\$344.16	\$325.92	\$374.80	\$313.82	\$360.89
22	\$299.27	\$344.16	\$325.92	\$374.80	\$313.82	\$360.89
23	\$299.27	\$344.16	\$325.92	\$374.80	\$313.82	\$360.89
24	\$299.27	\$344.16	\$325.92	\$374.80	\$313.82	\$360.89
25	\$300.47	\$345.54	\$327.22	\$376.30	\$315.07	\$362.33
26	\$306.45	\$352.42	\$333.74	\$383.80	\$321.35	\$369.55
27	\$313.64	\$360.68	\$341.56	\$392.80	\$328.88	\$378.21
28	\$325.31	\$374.10	\$354.27	\$407.41	\$341.12	\$392.29
29	\$334.88	\$385.12	\$364.70	\$419.41	\$351.16	\$403.84
30	\$339.67	\$390.62	\$369.92	\$425.40	\$356.18	\$409.61
31	\$346.86	\$398.88	\$377.74	\$434.40	\$363.71	\$418.27
32	\$354.04	\$407.14	\$385.56	\$443.39	\$371.25	\$426.93
33	\$358.53	\$412.31	\$390.45	\$449.02	\$375.95	\$432.35
34	\$363.32	\$417.81	\$395.66	\$455.01	\$380.97	\$438.12
35	\$365.71	\$420.57	\$398.27	\$458.01	\$383.49	\$441.01
36	\$368.10	\$423.32	\$400.88	\$461.01	\$386.00	\$443.89
37	\$370.50	\$426.07	\$403.49	\$464.01	\$388.51	\$446.78
38	\$372.89	\$428.83	\$406.09	\$467.01	\$391.02	\$449.67
39	\$377.68	\$434.33	\$411.31	\$473.00	\$396.04	\$455.44
40	\$382.47	\$439.84	\$416.52	\$479.00	\$401.06	\$461.22
41	\$389.65	\$448.10	\$424.34	\$488.00	\$408.59	\$469.88
42	\$396.53	\$456.01	\$431.84	\$496.62	\$415.81	\$478.18
43	\$406.11	\$467.03	\$442.27	\$508.61	\$425.85	\$489.73
44	\$418.08	\$480.79	\$455.31	\$523.60	\$438.40	\$504.16
45	\$432.15	\$496.97	\$470.62	\$541.22	\$453.15	\$521.13
46	\$448.91	\$516.24	\$488.88	\$562.21	\$470.73	\$541.34
47	\$467.76	\$537.93	\$509.41	\$585.82	\$490.50	\$564.07
48	\$489.31	\$562.70	\$532.87	\$612.81	\$513.09	\$590.06
49	\$510.56	\$587.14	\$556.01	\$639.42	\$535.37	\$615.68
50	\$534.50	\$614.67	\$582.09	\$669.40	\$560.48	\$644.55
51	\$558.14	\$641.86	\$607.84	\$699.01	\$585.27	\$673.06
52	\$584.18	\$671.80	\$636.19	\$731.62	\$612.57	\$704.46
53	\$610.51	\$702.09	\$664.87	\$764.60	\$640.19	\$736.22
54	\$638.94	\$734.79	\$695.83	\$800.21	\$670.00	\$770.50
55	\$667.38	\$767.48	\$726.80	\$835.81	\$699.81	\$804.79
56	\$698.20	\$802.93	\$760.36	\$874.42	\$732.14	\$841.96
57	\$729.32	\$838.72	\$794.26	\$913.40	\$764.77	\$879.49
58	\$762.54	\$876.92	\$830.44	\$955.00	\$799.61	\$919.55
59	\$779.00	\$895.85	\$848.36	\$975.62	\$816.87	\$939.40
60	\$812.22	\$934.06	\$884.54	\$1,017.22	\$851.70	\$979.46
61	\$840.95	\$967.10	\$915.83	\$1,053.20	\$881.83	\$1,014.10
62	\$859.81	\$988.78	\$936.36	\$1,076.81	\$901.60	\$1,036.84
63	\$883.45	\$1,015.97	\$962.11	\$1,106.42	\$926.39	\$1,065.35
64	\$897.81	\$1,032.48	\$977.76	\$1,124.40	\$941.46	\$1,082.67
65 and over	\$897.81	\$1,032.48	\$977.76	\$1,124.40	\$941.46	\$1,082.67

**Regence BlueShield  
Individual Rates  
Rates Effective January 1, 2015**

**Rating Area 3**

HIOS ID	87718WA1330002		87718WA1300001		87718WA1330001	
Exchange Status	Off Exchange		Off Exchange		Off Exchange	
Plan Name	Regence Direct Gold+ High with Dental, Vision, Individual Assistance Program (IAP)		Regence Direct Platinum High		Regence Direct Platinum High with Dental, Vision, Individual Assistance Program (IAP)	
Network	Preferred Plan Provider Network		Preferred Plan Provider Network		Preferred Plan Provider Network	
Metal Level	Gold		Platinum		Platinum	
Benefits	Base with Dental, Vision, Individual Assistance Program		Base Only		Base with Dental, Vision, Individual Assistance Program	
Age	Non-Tobacco	Tobacco	Non-Tobacco	Tobacco	Non-Tobacco	Tobacco
0-20	\$217.00	\$217.00	\$223.45	\$223.45	\$243.32	\$243.32
21	\$341.74	\$393.00	\$351.88	\$404.67	\$383.19	\$440.67
22	\$341.74	\$393.00	\$351.88	\$404.67	\$383.19	\$440.67
23	\$341.74	\$393.00	\$351.88	\$404.67	\$383.19	\$440.67
24	\$341.74	\$393.00	\$351.88	\$404.67	\$383.19	\$440.67
25	\$343.10	\$394.57	\$353.29	\$406.29	\$384.72	\$442.43
26	\$349.94	\$402.43	\$360.33	\$414.38	\$392.38	\$451.24
27	\$358.14	\$411.86	\$368.77	\$424.09	\$401.58	\$461.82
28	\$371.47	\$427.19	\$382.50	\$439.87	\$416.52	\$479.00
29	\$382.40	\$439.77	\$393.76	\$452.82	\$428.79	\$493.10
30	\$387.87	\$446.05	\$399.39	\$459.30	\$434.92	\$500.15
31	\$396.07	\$455.49	\$407.83	\$469.01	\$444.11	\$510.73
32	\$404.28	\$464.92	\$416.28	\$478.72	\$453.31	\$521.31
33	\$409.40	\$470.81	\$421.56	\$484.79	\$459.06	\$527.92
34	\$414.87	\$477.10	\$427.19	\$491.27	\$465.19	\$534.97
35	\$417.60	\$480.24	\$430.00	\$494.50	\$468.25	\$538.49
36	\$420.34	\$483.39	\$432.82	\$497.74	\$471.32	\$542.02
37	\$423.07	\$486.53	\$435.63	\$500.98	\$474.39	\$545.54
38	\$425.81	\$489.68	\$438.45	\$504.22	\$477.45	\$549.07
39	\$431.27	\$495.96	\$444.08	\$510.69	\$483.58	\$556.12
40	\$436.74	\$502.25	\$449.71	\$517.16	\$489.71	\$563.17
41	\$444.94	\$511.68	\$458.15	\$526.88	\$498.91	\$573.75
42	\$452.80	\$520.72	\$466.25	\$536.18	\$507.72	\$583.88
43	\$463.74	\$533.30	\$477.51	\$549.13	\$519.98	\$597.98
44	\$477.41	\$549.02	\$491.58	\$565.32	\$535.31	\$615.61
45	\$493.47	\$567.49	\$508.12	\$584.34	\$553.32	\$636.32
46	\$512.61	\$589.50	\$527.83	\$607.00	\$574.78	\$661.00
47	\$534.14	\$614.26	\$550.00	\$632.49	\$598.92	\$688.76
48	\$558.74	\$642.55	\$575.33	\$661.63	\$626.51	\$720.49
49	\$583.01	\$670.46	\$600.31	\$690.36	\$653.72	\$751.77
50	\$610.34	\$701.90	\$628.47	\$722.74	\$684.37	\$787.03
51	\$637.34	\$732.94	\$656.26	\$754.70	\$714.64	\$821.84
52	\$667.07	\$767.13	\$686.88	\$789.91	\$747.98	\$860.18
53	\$697.15	\$801.72	\$717.84	\$825.52	\$781.70	\$898.96
54	\$729.61	\$839.05	\$751.27	\$863.96	\$818.10	\$940.82
55	\$762.08	\$876.39	\$784.70	\$902.41	\$854.51	\$982.68
56	\$797.27	\$916.87	\$820.95	\$944.09	\$893.98	\$1,028.07
57	\$832.82	\$957.74	\$857.54	\$986.17	\$933.83	\$1,073.90
58	\$870.75	\$1,001.36	\$896.60	\$1,031.09	\$976.36	\$1,122.81
59	\$889.54	\$1,022.98	\$915.96	\$1,053.35	\$997.44	\$1,147.05
60	\$927.48	\$1,066.60	\$955.01	\$1,098.27	\$1,039.97	\$1,195.96
61	\$960.28	\$1,104.33	\$988.80	\$1,137.11	\$1,076.76	\$1,238.27
62	\$981.81	\$1,129.09	\$1,010.96	\$1,162.61	\$1,100.90	\$1,266.03
63	\$1,008.81	\$1,160.13	\$1,038.76	\$1,194.58	\$1,131.17	\$1,300.84
64	\$1,025.22	\$1,179.00	\$1,055.64	\$1,214.01	\$1,149.57	\$1,322.01
65 and over	\$1,025.22	\$1,179.00	\$1,055.64	\$1,214.01	\$1,149.57	\$1,322.01



**Regence BlueShield**  
**Individual Rates**  
**Rates Effective January 1, 2015**

**Rating Area 3**

HIOS ID	87718WA0680002		87718WA1320001		87718WA0770002	
Exchange Status	Off Exchange		Off Exchange		Off Exchange	
Plan Name	Regence Direct Silver		Regence Direct Silver HSA		Regence Direct Silver with Dental, Vision, Individual Assistance Program (IAP)	
Network	Preferred Plan Provider Network		Preferred Plan Provider Network		Preferred Plan Provider Network	
Metal Level	Silver		Silver		Silver	
Benefits	Base Only		Base Only		Base with Dental, Vision, Individual Assistance Program	
Age	Non-Tobacco	Tobacco	Non-Tobacco	Tobacco	Non-Tobacco	Tobacco
0-20	\$163.74	\$163.74	\$144.07	\$144.07	\$178.31	\$178.31
21	\$257.85	\$296.53	\$226.88	\$260.91	\$280.80	\$322.92
22	\$257.85	\$296.53	\$226.88	\$260.91	\$280.80	\$322.92
23	\$257.85	\$296.53	\$226.88	\$260.91	\$280.80	\$322.92
24	\$257.85	\$296.53	\$226.88	\$260.91	\$280.80	\$322.92
25	\$258.88	\$297.72	\$227.79	\$261.96	\$281.92	\$324.21
26	\$264.04	\$303.65	\$232.32	\$267.17	\$287.54	\$330.67
27	\$270.23	\$310.76	\$237.77	\$273.44	\$294.28	\$338.42
28	\$280.29	\$322.33	\$246.62	\$283.61	\$305.23	\$351.01
29	\$288.54	\$331.82	\$253.88	\$291.96	\$314.21	\$361.35
30	\$292.66	\$336.56	\$257.51	\$296.13	\$318.71	\$366.51
31	\$298.85	\$343.68	\$262.95	\$302.40	\$325.45	\$374.26
32	\$305.04	\$350.80	\$268.40	\$308.66	\$332.18	\$382.01
33	\$308.91	\$355.24	\$271.80	\$312.57	\$336.40	\$386.86
34	\$313.03	\$359.99	\$275.43	\$316.75	\$340.89	\$392.02
35	\$315.10	\$362.36	\$277.25	\$318.83	\$343.14	\$394.61
36	\$317.16	\$364.73	\$279.06	\$320.92	\$345.38	\$397.19
37	\$319.22	\$367.11	\$280.88	\$323.01	\$347.63	\$399.77
38	\$321.29	\$369.48	\$282.69	\$325.10	\$349.87	\$402.36
39	\$325.41	\$374.22	\$286.32	\$329.27	\$354.37	\$407.52
40	\$329.54	\$378.97	\$289.95	\$333.44	\$358.86	\$412.69
41	\$335.72	\$386.08	\$295.40	\$339.71	\$365.60	\$420.44
42	\$341.66	\$392.90	\$300.62	\$345.71	\$372.06	\$427.87
43	\$349.91	\$402.39	\$307.88	\$354.06	\$381.04	\$438.20
44	\$360.22	\$414.25	\$316.95	\$364.49	\$392.28	\$451.12
45	\$372.34	\$428.19	\$327.61	\$376.76	\$405.47	\$466.29
46	\$386.78	\$444.80	\$340.32	\$391.37	\$421.20	\$484.38
47	\$403.02	\$463.48	\$354.61	\$407.80	\$438.89	\$504.72
48	\$421.59	\$484.83	\$370.95	\$426.59	\$459.11	\$527.97
49	\$439.90	\$505.88	\$387.06	\$445.12	\$479.04	\$550.90
50	\$460.53	\$529.60	\$405.21	\$465.99	\$501.51	\$576.73
51	\$480.90	\$553.03	\$423.13	\$486.60	\$523.69	\$602.24
52	\$503.33	\$578.83	\$442.87	\$509.30	\$548.12	\$630.34
53	\$526.02	\$604.92	\$462.83	\$532.26	\$572.83	\$658.75
54	\$550.52	\$633.09	\$484.39	\$557.05	\$599.50	\$689.43
55	\$575.01	\$661.26	\$505.94	\$581.83	\$626.18	\$720.11
56	\$601.57	\$691.81	\$529.31	\$608.71	\$655.10	\$753.37
57	\$628.39	\$722.65	\$552.91	\$635.84	\$684.31	\$786.95
58	\$657.01	\$755.56	\$578.09	\$664.80	\$715.47	\$822.79
59	\$671.19	\$771.87	\$590.57	\$679.15	\$730.92	\$840.56
60	\$699.81	\$804.79	\$615.75	\$708.11	\$762.09	\$876.40
61	\$724.57	\$833.25	\$637.53	\$733.16	\$789.04	\$907.40
62	\$740.81	\$851.93	\$651.83	\$749.60	\$806.73	\$927.74
63	\$761.18	\$875.36	\$669.75	\$770.21	\$828.92	\$953.25
64	\$773.55	\$889.59	\$680.64	\$782.73	\$842.40	\$968.76
65 and over	\$773.55	\$889.59	\$680.64	\$782.73	\$842.40	\$968.76

**Regence BlueShield**  
**Individual Rates**  
**Rates Effective January 1, 2015**

**Rating Area 3**

HIOS ID	87718WA1310001		87718WA1340001	
Exchange Status	Off Exchange		Off Exchange	
Plan Name	Regence Direct Silver+		Regence Direct Silver+ with Dental, Vision, Individual Assistance Program (IAP)	
Network	Preferred Plan Provider Network		Preferred Plan Provider Network	
Metal Level	Silver		Silver	
Benefits	Base Only		Base with Dental, Vision, Individual Assistance Program	
Age	Non-Tobacco	Tobacco	Non-Tobacco	Tobacco
0-20	\$173.69	\$173.69	\$189.14	\$189.14
21	\$273.52	\$314.55	\$297.85	\$342.53
22	\$273.52	\$314.55	\$297.85	\$342.53
23	\$273.52	\$314.55	\$297.85	\$342.53
24	\$273.52	\$314.55	\$297.85	\$342.53
25	\$274.61	\$315.81	\$299.04	\$343.90
26	\$280.08	\$322.10	\$305.00	\$350.75
27	\$286.65	\$329.65	\$312.15	\$358.97
28	\$297.32	\$341.91	\$323.77	\$372.33
29	\$306.07	\$351.98	\$333.30	\$383.29
30	\$310.45	\$357.01	\$338.06	\$388.77
31	\$317.01	\$364.56	\$345.21	\$396.99
32	\$323.57	\$372.11	\$352.36	\$405.21
33	\$327.68	\$376.83	\$356.83	\$410.35
34	\$332.05	\$381.86	\$361.59	\$415.83
35	\$334.24	\$384.38	\$363.98	\$418.57
36	\$336.43	\$386.89	\$366.36	\$421.31
37	\$338.62	\$389.41	\$368.74	\$424.05
38	\$340.81	\$391.93	\$371.12	\$426.79
39	\$345.18	\$396.96	\$375.89	\$432.27
40	\$349.56	\$401.99	\$380.66	\$437.75
41	\$356.12	\$409.54	\$387.80	\$445.97
42	\$362.41	\$416.78	\$394.65	\$453.85
43	\$371.17	\$426.84	\$404.19	\$464.81
44	\$382.11	\$439.42	\$416.10	\$478.52
45	\$394.96	\$454.21	\$430.10	\$494.61
46	\$410.28	\$471.82	\$446.78	\$513.80
47	\$427.51	\$491.64	\$465.54	\$535.38
48	\$447.21	\$514.29	\$486.99	\$560.04
49	\$466.63	\$536.62	\$508.14	\$584.36
50	\$488.51	\$561.78	\$531.96	\$611.76
51	\$510.11	\$586.63	\$555.50	\$638.82
52	\$533.91	\$614.00	\$581.41	\$668.62
53	\$557.98	\$641.68	\$607.62	\$698.76
54	\$583.97	\$671.56	\$635.92	\$731.30
55	\$609.95	\$701.44	\$664.21	\$763.84
56	\$638.12	\$733.84	\$694.89	\$799.12
57	\$666.57	\$766.55	\$725.87	\$834.75
58	\$696.93	\$801.47	\$758.93	\$872.77
59	\$711.97	\$818.77	\$775.31	\$891.61
60	\$742.33	\$853.68	\$808.37	\$929.63
61	\$768.59	\$883.88	\$836.97	\$962.51
62	\$785.82	\$903.70	\$855.73	\$984.09
63	\$807.43	\$928.55	\$879.26	\$1,011.15
64	\$820.56	\$943.65	\$893.55	\$1,027.59
65 and over	\$820.56	\$943.65	\$893.55	\$1,027.59

**Regence BlueShield**  
**Individual Rates**  
**Rates Effective January 1, 2015**

**Rating Area 5**

HIOS ID	87718WA0860001		87718WA0870001		87718WA0860002	
Exchange Status	Off Exchange		Off Exchange		Off Exchange	
Plan Name	Regence Direct Bronze HSA		Regence Direct Bronze HSA with Dental, Vision, Individual Assistance Program (IAP)		Regence Direct Bronze HSA+	
Network	Preferred Plan Provider Network		Preferred Plan Provider Network		Preferred Plan Provider Network	
Metal Level	Bronze		Bronze		Bronze	
Benefits	Base Only		Base with Dental, Vision, Individual Assistance Program		Base Only	
Age	Non-Tobacco	Tobacco	Non-Tobacco	Tobacco	Non-Tobacco	Tobacco
0-20	\$121.41	\$121.41	\$122.51	\$122.51	\$127.02	\$127.02
21	\$191.20	\$219.88	\$192.94	\$221.88	\$200.04	\$230.04
22	\$191.20	\$219.88	\$192.94	\$221.88	\$200.04	\$230.04
23	\$191.20	\$219.88	\$192.94	\$221.88	\$200.04	\$230.04
24	\$191.20	\$219.88	\$192.94	\$221.88	\$200.04	\$230.04
25	\$191.97	\$220.76	\$193.71	\$222.76	\$200.84	\$230.96
26	\$195.79	\$225.16	\$197.57	\$227.20	\$204.84	\$235.56
27	\$200.38	\$230.44	\$202.20	\$232.53	\$209.64	\$241.08
28	\$207.84	\$239.01	\$209.72	\$241.18	\$217.44	\$250.06
29	\$213.96	\$246.05	\$215.90	\$248.28	\$223.84	\$257.42
30	\$217.02	\$249.57	\$218.98	\$251.83	\$227.04	\$261.10
31	\$221.61	\$254.85	\$223.61	\$257.15	\$231.84	\$266.62
32	\$226.19	\$260.12	\$228.24	\$262.48	\$236.64	\$272.14
33	\$229.06	\$263.42	\$231.14	\$265.81	\$239.64	\$275.59
34	\$232.12	\$266.94	\$234.22	\$269.36	\$242.85	\$279.27
35	\$233.65	\$268.70	\$235.77	\$271.13	\$244.45	\$281.11
36	\$235.18	\$270.46	\$237.31	\$272.91	\$246.05	\$282.95
37	\$236.71	\$272.22	\$238.85	\$274.68	\$247.65	\$284.79
38	\$238.24	\$273.98	\$240.40	\$276.46	\$249.25	\$286.63
39	\$241.30	\$277.49	\$243.49	\$280.01	\$252.45	\$290.31
40	\$244.36	\$281.01	\$246.57	\$283.56	\$255.65	\$293.99
41	\$248.95	\$286.29	\$251.20	\$288.88	\$260.45	\$299.52
42	\$253.34	\$291.35	\$255.64	\$293.99	\$265.05	\$304.81
43	\$259.46	\$298.38	\$261.81	\$301.09	\$271.45	\$312.17
44	\$267.11	\$307.18	\$269.53	\$309.96	\$279.45	\$321.37
45	\$276.10	\$317.51	\$278.60	\$320.39	\$288.85	\$332.18
46	\$286.81	\$329.83	\$289.40	\$332.81	\$300.06	\$345.06
47	\$298.85	\$343.68	\$301.56	\$346.79	\$312.66	\$359.56
48	\$312.62	\$359.51	\$315.45	\$362.77	\$327.06	\$376.12
49	\$326.19	\$375.12	\$329.15	\$378.52	\$341.26	\$392.45
50	\$341.49	\$392.71	\$344.58	\$396.27	\$357.27	\$410.86
51	\$356.59	\$410.08	\$359.83	\$413.80	\$373.07	\$429.03
52	\$373.23	\$429.21	\$376.61	\$433.10	\$390.47	\$449.04
53	\$390.06	\$448.56	\$393.59	\$452.63	\$408.08	\$469.29
54	\$408.22	\$469.45	\$411.92	\$473.71	\$427.08	\$491.14
55	\$426.38	\$490.34	\$430.25	\$494.78	\$446.08	\$513.00
56	\$446.08	\$512.99	\$450.12	\$517.64	\$466.69	\$536.69
57	\$465.96	\$535.86	\$470.18	\$540.71	\$487.49	\$560.61
58	\$487.19	\$560.27	\$491.60	\$565.34	\$509.69	\$586.15
59	\$497.70	\$572.36	\$502.21	\$577.54	\$520.70	\$598.80
60	\$518.93	\$596.77	\$523.63	\$602.17	\$542.90	\$624.34
61	\$537.28	\$617.87	\$542.15	\$623.47	\$562.10	\$646.42
62	\$549.33	\$631.73	\$554.31	\$637.45	\$574.71	\$660.91
63	\$564.43	\$649.10	\$569.55	\$654.98	\$590.51	\$679.09
64	\$573.60	\$659.64	\$578.82	\$665.64	\$600.12	\$690.12
65 and over	\$573.60	\$659.64	\$578.82	\$665.64	\$600.12	\$690.12

**Regence BlueShield**  
**Individual Rates**  
**Rates Effective January 1, 2015**

**Rating Area 5**

HIOS ID	87718WA0680001		87718WA0770001		87718WA1300002	
Exchange Status	Off Exchange		Off Exchange		Off Exchange	
Plan Name	Regence Direct Gold		Regence Direct Gold with Dental, Vision, Individual Assistance Program (IAP)		Regence Direct Gold+ High	
Network	Preferred Plan Provider Network		Preferred Plan Provider Network		Preferred Plan Provider Network	
Metal Level	Gold		Gold		Gold	
Benefits	Base Only		Base with Dental, Vision, Individual Assistance Program		Base Only	
Age	Non-Tobacco	Tobacco	Non-Tobacco	Tobacco	Non-Tobacco	Tobacco
0-20	\$187.26	\$187.26	\$203.94	\$203.94	\$196.37	\$196.37
21	\$294.90	\$339.14	\$321.16	\$369.34	\$309.24	\$355.62
22	\$294.90	\$339.14	\$321.16	\$369.34	\$309.24	\$355.62
23	\$294.90	\$339.14	\$321.16	\$369.34	\$309.24	\$355.62
24	\$294.90	\$339.14	\$321.16	\$369.34	\$309.24	\$355.62
25	\$296.08	\$340.50	\$322.45	\$370.81	\$310.48	\$357.05
26	\$301.98	\$347.28	\$328.87	\$378.20	\$316.66	\$364.16
27	\$309.06	\$355.42	\$336.58	\$387.06	\$324.08	\$372.69
28	\$320.56	\$368.65	\$349.10	\$401.47	\$336.14	\$386.56
29	\$330.00	\$379.50	\$359.38	\$413.29	\$346.04	\$397.94
30	\$334.72	\$384.92	\$364.52	\$419.20	\$350.99	\$403.63
31	\$341.79	\$393.06	\$372.23	\$428.06	\$358.41	\$412.17
32	\$348.87	\$401.20	\$379.93	\$436.92	\$365.83	\$420.70
33	\$353.30	\$406.29	\$384.75	\$442.46	\$370.47	\$426.04
34	\$358.01	\$411.72	\$389.89	\$448.37	\$375.42	\$431.73
35	\$360.37	\$414.43	\$392.46	\$451.33	\$377.89	\$434.57
36	\$362.73	\$417.14	\$395.03	\$454.28	\$380.36	\$437.42
37	\$365.09	\$419.86	\$397.60	\$457.24	\$382.84	\$440.26
38	\$367.45	\$422.57	\$400.17	\$460.19	\$385.31	\$443.11
39	\$372.17	\$427.99	\$405.31	\$466.10	\$390.26	\$448.80
40	\$376.89	\$433.42	\$410.44	\$472.01	\$395.21	\$454.49
41	\$383.97	\$441.56	\$418.15	\$480.88	\$402.63	\$463.02
42	\$390.75	\$449.36	\$425.54	\$489.37	\$409.74	\$471.20
43	\$400.19	\$460.21	\$435.82	\$501.19	\$419.64	\$482.58
44	\$411.98	\$473.78	\$448.66	\$515.96	\$432.01	\$496.81
45	\$425.84	\$489.72	\$463.76	\$533.32	\$446.54	\$513.52
46	\$442.36	\$508.71	\$481.74	\$554.00	\$463.86	\$533.44
47	\$460.94	\$530.08	\$501.98	\$577.27	\$483.34	\$555.84
48	\$482.17	\$554.49	\$525.10	\$603.86	\$505.60	\$581.45
49	\$503.11	\$578.57	\$547.90	\$630.09	\$527.56	\$606.70
50	\$526.70	\$605.70	\$573.59	\$659.63	\$552.30	\$635.14
51	\$550.00	\$632.50	\$598.97	\$688.81	\$576.73	\$663.24
52	\$575.65	\$662.00	\$626.91	\$720.94	\$603.63	\$694.18
53	\$601.61	\$691.85	\$655.17	\$753.44	\$630.85	\$725.47
54	\$629.62	\$724.06	\$685.68	\$788.53	\$660.22	\$759.26
55	\$657.64	\$756.28	\$716.19	\$823.62	\$689.60	\$793.04
56	\$688.01	\$791.21	\$749.27	\$861.66	\$721.45	\$829.67
57	\$718.68	\$826.48	\$782.67	\$900.07	\$753.61	\$866.66
58	\$751.42	\$864.13	\$818.32	\$941.07	\$787.94	\$906.13
59	\$767.64	\$882.78	\$835.98	\$961.38	\$804.95	\$925.69
60	\$800.37	\$920.43	\$871.63	\$1,002.38	\$839.27	\$965.16
61	\$828.68	\$952.98	\$902.46	\$1,037.83	\$868.96	\$999.30
62	\$847.26	\$974.35	\$922.70	\$1,061.10	\$888.44	\$1,021.71
63	\$870.56	\$1,001.14	\$948.07	\$1,090.28	\$912.87	\$1,049.80
64	\$884.70	\$1,017.42	\$963.48	\$1,108.02	\$927.72	\$1,066.86
65 and over	\$884.70	\$1,017.42	\$963.48	\$1,108.02	\$927.72	\$1,066.86

**Regence BlueShield**  
**Individual Rates**  
**Rates Effective January 1, 2015**

**Rating Area 5**

HIOS ID	87718WA1330002		87718WA1300001		87718WA1330001	
Exchange Status	Off Exchange		Off Exchange		Off Exchange	
Plan Name	Regence Direct Gold+ High with Dental, Vision, Individual Assistance Program (IAP)		Regence Direct Platinum High		Regence Direct Platinum High with Dental, Vision, Individual Assistance Program (IAP)	
Network	Preferred Plan Provider Network		Preferred Plan Provider Network		Preferred Plan Provider Network	
Metal Level	Gold		Platinum		Platinum	
Benefits	Base with Dental, Vision, Individual Assistance Program		Base Only		Base with Dental, Vision, Individual Assistance Program	
Age	Non-Tobacco	Tobacco	Non-Tobacco	Tobacco	Non-Tobacco	Tobacco
0-20	\$213.84	\$213.84	\$220.19	\$220.19	\$239.77	\$239.77
21	\$336.75	\$387.26	\$346.75	\$398.76	\$377.60	\$434.24
22	\$336.75	\$387.26	\$346.75	\$398.76	\$377.60	\$434.24
23	\$336.75	\$387.26	\$346.75	\$398.76	\$377.60	\$434.24
24	\$336.75	\$387.26	\$346.75	\$398.76	\$377.60	\$434.24
25	\$338.10	\$388.81	\$348.14	\$400.36	\$379.11	\$435.97
26	\$344.83	\$396.56	\$355.07	\$408.33	\$386.66	\$444.66
27	\$352.92	\$405.85	\$363.39	\$417.90	\$395.72	\$455.08
28	\$366.05	\$420.96	\$376.92	\$433.45	\$410.45	\$472.01
29	\$376.83	\$433.35	\$388.01	\$446.22	\$422.53	\$485.91
30	\$382.21	\$439.55	\$393.56	\$452.60	\$428.57	\$492.86
31	\$390.30	\$448.84	\$401.88	\$462.17	\$437.63	\$503.28
32	\$398.38	\$458.13	\$410.21	\$471.74	\$446.70	\$513.70
33	\$403.43	\$463.94	\$415.41	\$477.72	\$452.36	\$520.21
34	\$408.82	\$470.14	\$420.95	\$484.10	\$458.40	\$527.16
35	\$411.51	\$473.24	\$423.73	\$487.29	\$461.42	\$530.64
36	\$414.20	\$476.34	\$426.50	\$490.48	\$464.44	\$534.11
37	\$416.90	\$479.43	\$429.28	\$493.67	\$467.46	\$537.58
38	\$419.59	\$482.53	\$432.05	\$496.86	\$470.48	\$541.06
39	\$424.98	\$488.73	\$437.60	\$503.24	\$476.53	\$548.00
40	\$430.37	\$494.92	\$443.15	\$509.62	\$482.57	\$554.95
41	\$438.45	\$504.22	\$451.47	\$519.19	\$491.63	\$565.37
42	\$446.20	\$513.13	\$459.44	\$528.36	\$500.31	\$575.36
43	\$456.97	\$525.52	\$470.54	\$541.12	\$512.40	\$589.26
44	\$470.44	\$541.01	\$484.41	\$557.07	\$527.50	\$606.63
45	\$486.27	\$559.21	\$500.71	\$575.81	\$545.25	\$627.04
46	\$505.13	\$580.90	\$520.12	\$598.14	\$566.39	\$651.35
47	\$526.34	\$605.29	\$541.97	\$623.27	\$590.18	\$678.71
48	\$550.59	\$633.18	\$566.94	\$651.98	\$617.37	\$709.97
49	\$574.50	\$660.67	\$591.56	\$680.29	\$644.18	\$740.81
50	\$601.44	\$691.65	\$619.30	\$712.19	\$674.39	\$775.54
51	\$628.04	\$722.25	\$646.69	\$743.69	\$704.22	\$809.85
52	\$657.34	\$755.94	\$676.86	\$778.38	\$737.07	\$847.63
53	\$686.97	\$790.02	\$707.37	\$813.48	\$770.30	\$885.84
54	\$718.96	\$826.81	\$740.31	\$851.36	\$806.17	\$927.09
55	\$750.96	\$863.60	\$773.25	\$889.24	\$842.04	\$968.34
56	\$785.64	\$903.49	\$808.97	\$930.31	\$880.93	\$1,013.07
57	\$820.66	\$943.76	\$845.03	\$971.78	\$920.20	\$1,058.23
58	\$858.04	\$986.75	\$883.52	\$1,016.05	\$962.11	\$1,106.43
59	\$876.56	\$1,008.05	\$902.59	\$1,037.98	\$982.88	\$1,130.31
60	\$913.94	\$1,051.04	\$941.08	\$1,082.24	\$1,024.79	\$1,178.51
61	\$946.27	\$1,088.21	\$974.37	\$1,120.52	\$1,061.04	\$1,220.20
62	\$967.49	\$1,112.61	\$996.21	\$1,145.64	\$1,084.83	\$1,247.56
63	\$994.09	\$1,143.20	\$1,023.61	\$1,177.15	\$1,114.66	\$1,281.86
64	\$1,010.25	\$1,161.78	\$1,040.25	\$1,196.28	\$1,132.80	\$1,302.72
65 and over	\$1,010.25	\$1,161.78	\$1,040.25	\$1,196.28	\$1,132.80	\$1,302.72

**Regence BlueShield**  
**Individual Rates**  
**Rates Effective January 1, 2015**

**Rating Area 5**

HIOS ID	87718WA0680002		87718WA1320001		87718WA0770002	
Exchange Status	Off Exchange		Off Exchange		Off Exchange	
Plan Name	Regence Direct Silver		Regence Direct Silver HSA		Regence Direct Silver with Dental, Vision, Individual Assistance Program (IAP)	
Network	Preferred Plan Provider Network		Preferred Plan Provider Network		Preferred Plan Provider Network	
Metal Level	Silver		Silver		Silver	
Benefits	Base Only		Base Only		Base with Dental, Vision, Individual Assistance Program	
Age	Non-Tobacco	Tobacco	Non-Tobacco	Tobacco	Non-Tobacco	Tobacco
0-20	\$161.35	\$161.35	\$141.97	\$141.97	\$175.71	\$175.71
21	\$254.09	\$292.20	\$223.57	\$257.10	\$276.70	\$318.21
22	\$254.09	\$292.20	\$223.57	\$257.10	\$276.70	\$318.21
23	\$254.09	\$292.20	\$223.57	\$257.10	\$276.70	\$318.21
24	\$254.09	\$292.20	\$223.57	\$257.10	\$276.70	\$318.21
25	\$255.11	\$293.37	\$224.46	\$258.13	\$277.81	\$319.48
26	\$260.19	\$299.22	\$228.93	\$263.27	\$283.34	\$325.84
27	\$266.29	\$306.23	\$234.30	\$269.45	\$289.98	\$333.48
28	\$276.20	\$317.63	\$243.02	\$279.47	\$300.77	\$345.89
29	\$284.33	\$326.98	\$250.17	\$287.70	\$309.63	\$356.07
30	\$288.39	\$331.65	\$253.75	\$291.81	\$314.06	\$361.16
31	\$294.49	\$338.66	\$259.12	\$297.98	\$320.70	\$368.80
32	\$300.59	\$345.68	\$264.48	\$304.15	\$327.34	\$376.44
33	\$304.40	\$350.06	\$267.84	\$308.01	\$331.49	\$381.21
34	\$308.47	\$354.74	\$271.41	\$312.12	\$335.91	\$386.30
35	\$310.50	\$357.07	\$273.20	\$314.18	\$338.13	\$388.85
36	\$312.53	\$359.41	\$274.99	\$316.24	\$340.34	\$391.39
37	\$314.56	\$361.75	\$276.78	\$318.30	\$342.56	\$393.94
38	\$316.60	\$364.09	\$278.57	\$320.35	\$344.77	\$396.48
39	\$320.66	\$368.76	\$282.14	\$324.47	\$349.20	\$401.58
40	\$324.73	\$373.44	\$285.72	\$328.58	\$353.62	\$406.67
41	\$330.83	\$380.45	\$291.09	\$334.75	\$360.26	\$414.30
42	\$336.67	\$387.17	\$296.23	\$340.66	\$366.63	\$421.62
43	\$344.80	\$396.52	\$303.38	\$348.89	\$375.48	\$431.81
44	\$354.96	\$408.21	\$312.33	\$359.17	\$386.55	\$444.53
45	\$366.91	\$421.94	\$322.83	\$371.26	\$399.56	\$459.49
46	\$381.14	\$438.31	\$335.35	\$385.66	\$415.05	\$477.31
47	\$397.14	\$456.72	\$349.44	\$401.85	\$432.48	\$497.36
48	\$415.44	\$477.75	\$365.54	\$420.37	\$452.41	\$520.27
49	\$433.48	\$498.50	\$381.41	\$438.62	\$472.05	\$542.86
50	\$453.81	\$521.88	\$399.29	\$459.19	\$494.19	\$568.32
51	\$473.88	\$544.96	\$416.96	\$479.50	\$516.05	\$593.45
52	\$495.99	\$570.38	\$436.41	\$501.87	\$540.12	\$621.14
53	\$518.35	\$596.10	\$456.08	\$524.49	\$564.47	\$649.14
54	\$542.48	\$623.86	\$477.32	\$548.92	\$590.76	\$679.37
55	\$566.62	\$651.62	\$498.56	\$573.34	\$617.04	\$709.60
56	\$592.79	\$681.71	\$521.59	\$599.82	\$645.54	\$742.37
57	\$619.22	\$712.10	\$544.84	\$626.56	\$674.32	\$775.47
58	\$647.42	\$744.54	\$569.65	\$655.10	\$705.03	\$810.79
59	\$661.40	\$760.61	\$581.95	\$669.24	\$720.25	\$828.29
60	\$689.60	\$793.04	\$606.77	\$697.78	\$750.97	\$863.61
61	\$714.00	\$821.09	\$628.23	\$722.46	\$777.53	\$894.16
62	\$730.00	\$839.50	\$642.31	\$738.66	\$794.96	\$914.21
63	\$750.08	\$862.59	\$659.98	\$758.97	\$816.82	\$939.34
64	\$762.27	\$876.60	\$670.71	\$771.30	\$830.10	\$954.63
65 and over	\$762.27	\$876.60	\$670.71	\$771.30	\$830.10	\$954.63



**Regence BlueShield**  
**Individual Rates**  
**Rates Effective January 1, 2015**

**Rating Area 5**

HIOS ID	87718WA1310001		87718WA1340001	
Exchange Status	Off Exchange		Off Exchange	
Plan Name	Regence Direct Silver+		Regence Direct Silver+ with Dental, Vision, Individual Assistance Program (IAP)	
Network	Preferred Plan Provider Network		Preferred Plan Provider Network	
Metal Level	Silver		Silver	
Benefits	Base Only		Base with Dental, Vision, Individual Assistance Program	
Age	Non-Tobacco	Tobacco	Non-Tobacco	Tobacco
0-20	\$171.15	\$171.15	\$186.38	\$186.38
21	\$269.53	\$309.96	\$293.51	\$337.53
22	\$269.53	\$309.96	\$293.51	\$337.53
23	\$269.53	\$309.96	\$293.51	\$337.53
24	\$269.53	\$309.96	\$293.51	\$337.53
25	\$270.61	\$311.20	\$294.68	\$338.88
26	\$276.00	\$317.40	\$300.55	\$345.63
27	\$282.47	\$324.84	\$307.59	\$353.73
28	\$292.98	\$336.92	\$319.04	\$366.90
29	\$301.60	\$346.84	\$328.43	\$377.70
30	\$305.92	\$351.80	\$333.13	\$383.10
31	\$312.38	\$359.24	\$340.17	\$391.20
32	\$318.85	\$366.68	\$347.22	\$399.30
33	\$322.90	\$371.33	\$351.62	\$404.36
34	\$327.21	\$376.29	\$356.32	\$409.76
35	\$329.36	\$378.77	\$358.67	\$412.46
36	\$331.52	\$381.25	\$361.01	\$415.17
37	\$333.68	\$383.73	\$363.36	\$417.87
38	\$335.83	\$386.21	\$365.71	\$420.57
39	\$340.15	\$391.17	\$370.41	\$425.97
40	\$344.46	\$396.13	\$375.10	\$431.37
41	\$350.93	\$403.57	\$382.15	\$439.47
42	\$357.13	\$410.69	\$388.90	\$447.23
43	\$365.75	\$420.61	\$398.29	\$458.03
44	\$376.53	\$433.01	\$410.03	\$471.53
45	\$389.20	\$447.58	\$423.82	\$487.40
46	\$404.29	\$464.94	\$440.26	\$506.30
47	\$421.27	\$484.46	\$458.75	\$527.56
48	\$440.68	\$506.78	\$479.88	\$551.87
49	\$459.82	\$528.79	\$500.72	\$575.83
50	\$481.38	\$553.59	\$524.20	\$602.83
51	\$502.67	\$578.07	\$547.39	\$629.50
52	\$526.12	\$605.04	\$572.92	\$658.86
53	\$549.84	\$632.31	\$598.75	\$688.57
54	\$575.44	\$661.76	\$626.64	\$720.63
55	\$601.05	\$691.21	\$654.52	\$752.70
56	\$628.81	\$723.13	\$684.75	\$787.46
57	\$656.84	\$755.37	\$715.28	\$822.57
58	\$686.76	\$789.77	\$747.85	\$860.03
59	\$701.58	\$806.82	\$764.00	\$878.60
60	\$731.50	\$841.23	\$796.58	\$916.06
61	\$757.38	\$870.98	\$824.75	\$948.47
62	\$774.36	\$890.51	\$843.24	\$969.73
63	\$795.65	\$915.00	\$866.43	\$996.40
64	\$808.59	\$929.88	\$880.53	\$1,012.59
65 and over	\$808.59	\$929.88	\$880.53	\$1,012.59

**Regence BlueShield**  
**Service Area Counties**  
**Individual**  
**Rates Effective January 1, 2015**

Rating Area	Service Area <sup>1</sup>
1	King
2	Clallam, Cowlitz, Grays Harbor, Island, Jefferson, Kitsap, Lewis, Mason, Pacific, Pierce, San Juan, Skagit, Snohomish, Thurston, Wahkiakum, Whatcom
3	Klickitat, Skamania
4	Not in service area
5	Columbia, Walla Walla, Yakima
<sup>1</sup> Only the counties serviced in the rating area are listed.	